

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000060441

FILED
Mar 30, 2007
Secretary of State**Entity Name:** THE HARRELL CORPORATION OF TAMPA**Current Principal Place of Business:**3225 S MACDILL AVE
STE 129-255
TAMPA, FL 33629**New Principal Place of Business:****Current Mailing Address:**3225 S MACDILL AVE
STE 129-255
TAMPA, FL 33629**New Mailing Address:****FEI Number:** 59-3328047**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARRELL, CECIL S
3225 S MACDILL AVE
STE 129-255
TAMPA, FL 33629 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HARRELL, CECIL S
Address: 3225 S MACDILL AVE STE 129-255
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: MILLER, R G
Address: 3225 S MACDILL AVE STE 129-255
City-St-Zip: TAMPA, FL 33629

Title: DIR () Delete
Name: HARRELL, CHRISTOPHER G
Address: 3225 S MACDILL AVE STE 129-255
City-St-Zip: TAMPA, FL 33629

Title: DIR () Delete
Name: HARRELL, WHITNEY E
Address: 3225 S MACDILL AVE, STE 129-255
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: LITTLEFIELD, JUDITH R
Address: 3225 S MACDILL AVE, STE 129-255
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R GAYLE MILLER

VP

03/30/2007

Electronic Signature of Signing Officer or Director

Date