

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 002 ***150.00

DOCUMENT # P95000090442

1. Entity Name
SCOTT S. HARRIS FINANCIAL SERVICES, INC.



Principal Place of Business

**4211 W BOY SCOUT BLVD
STE 660
TAMPA, FL 33607 US**

Mailing Address

**4211 W BOY SCOUT BLVD
STE 660
TAMPA, FL 33607 US**

00000000



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3347067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARRIS, SCOTT S
4211 W BOY SCOUT BLVD
SUITE 660
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HARRIS, SCOTT S
STREET ADDRESS	4211 W. BOY SCOUT BLVD., #660
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott Harris

4/7/06

813-288-0055