


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91068 015 ***150.00

DOCUMENT # P96000001739 1. Entity Name HARRIS - JORGENSEN, INC.																							
Principal Place of Business 2706 SE SANTA BARBARA PLACE UNIT #1 CAPE CORAL, FL 33904 US		Mailing Address 622 S.W. 25TH STREET CAPE CORAL, FL 33914																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1400 N.E. 33rd Street Suite, Apt. #, etc.																					
City & State Zip		City & State Cape Coral, Florida Zip 33909																					
Country USA		4. FEI Number NOT APPLICABLE																					
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																					
6. Name and Address of Current Registered Agent HARRIS, JOHN B 622 S.W. 26TH STREET CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">D</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARRIS, JOHN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>622 S.W. 26TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	HARRIS, JOHN B		STREET ADDRESS	622 S.W. 26TH STREET		CITY - ST - ZIP	CAPE CORAL, FL 33914		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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SIGNATURE: John B. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 239-772-9939
Date Daytime Phone #