2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # P96000020936 1. Entity Name OLIVER HARRIS, III, P.A. Principal Place of Business Mailing Address 2518 SE WILLOUGHBY BLVD 2518 SE WILLOUGHBY BLVD STUART, FL 34994 STUART, FL 34994 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0653084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, OLIVER III DO NOT WRITE 2518 SE WILLOUGHBY BLVD STUART, FL 34994 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, 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 100000057795 Trust Fund Contribution. Added to Fees 02/27/04-80013<u>~</u>022 [50.00 10. OFFICERS AND DIRECTORS TITLE PSTD HARRIS, OLIVER III NAME STREET ADDRESS 2518 SE WILLOUGHBY BLVD CITY-ST-ZIP STUART, FL 34994 TITLE NAME STREET ADDRESS CITY-ST-TIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP SITE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR