

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90276 029 ***150.00

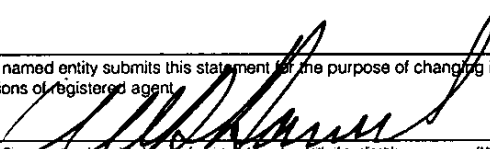
DOCUMENT # P97000024723 1. Entity Name THE HARRELL MANAGEMENT COMPANY					
Principal Place of Business 4735 SUNBEAM ROAD JACKSONVILLE, FL 32257			Mailing Address 4735 SUNBEAM ROAD JACKSONVILLE, FL 32257		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		


 01112006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3434751		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE, SUITE 1200 JACKSONVILLE, FL 32202		Name HARRELL, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 4735 SUNBEAM RD City JACKSONVILLE FL Zip Code 32257	

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.

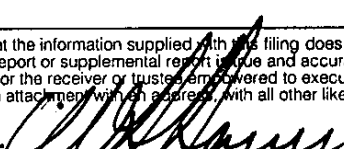
SIGNATURE:  DATE: **1/11/06**

(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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP OPC HARRELL, WILLIAM H 4735 SUNBEAM ROAD JACKSONVILLE, FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP DVS HARRELL, RENEE 4735 SUNBEAM RD JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV HARRELL, JULIE 4735 SUNBEAM RD JACKSONVILLE, FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP DVT HARRELL, W HOLT 4735 SUNBEAM RD JACKSONVILLE, FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ ☐ Change ☐ Addition

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:  DATE: **1/11/06** Daytime Phone #: **904-251-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR