


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000104071 1. Entity Name HARRIS GROCERY, INC.	
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Principal Place of Business 1006 HIGHWAY 1 P.O. BOX 2028 BUNNELL, FL 32110	Mailing Address 1006 HIGHWAY 1 P.O. BOX 2028 BUNNELL, FL 32110
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07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, RUSSELL
1006 HIGHWAY 1
BUNNELL, FL 32110

**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
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENDERSON, RUNELL 32248 COUNTY RD 304 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HENDERSON, DONNA R 3248 CR 304 BUNNELL, FL 32110
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: Donna R. Henderson Date: 7-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR