FILED
08 SEP 18 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000104071

1. Entity Name
HARRIS GROCERY, INC.

Principal Place of Business	Mailing Address
1006 HIGHWAY 1 P.O. BOX 2028 BUNNELL, FL 32110	1006 HIGHWAY 1 P.O. BOX 2028 BUNNELL, FL 32110

DO NOT WRITE IN THIS SPACE

06292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3462281
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 12, 2008

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	DP
NAME	HENDERSON, RUNELL
STREET ADDRESS	32248 COUNTY RD 304
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	DST
NAME	HENDERSON, DONNA R
STREET ADDRESS	3248 CR 304
CITY-ST-ZIP	BUNNELL, FL 32110
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	

$9/18

400136249584
09/23/08--01025--004 **150.00

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: Russell Henderson Russell Henderson 9-2-08 386-437-3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (President) Title Daytime Phone #