

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108437

FILED
Aug 31, 2005
Secretary of State

Entity Name: HARRIS ORIGINALS OF FL., INC.

Current Principal Place of Business:

CORDOVA MALL
5100 NORTH 9TH STREET, #E-507
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

145 SYCAMORE LANE
ISLANDIA, NY 117491579

New Mailing Address:

FEI Number: 06-1509746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JAN
CORDOVA MALL
5100 NORTH 9TH STREET, #E-507
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, JEROME
Address: 145 SYCAMORE LANE
City-St-Zip: ISLANDIA, NY 117491579

Title: T () Delete
Name: HARRIS, JEROME
Address: 145 SYCAMORE LANE
City-St-Zip: ISLANDIA, NY 117491579

Title: VP () Delete
Name: LAMMIE, RAYMOND
Address: 145 SYCAMORE LANE
City-St-Zip: ISLANDIA, NY 117491579

Title: S () Delete
Name: LAMMIE, RAYMOND
Address: 145 SYCAMORE LANE
City-St-Zip: ISLANDIA, NY 117491579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME L HARRIS

PRES

08/31/2005

Electronic Signature of Signing Officer or Director

Date