

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P98000050519

1. Entity Name

HARRELL BROTHERS PLASTERING, INC.



**FILED
Feb 10, 2004 8:00 am
Secretary of State**

02-10-2004 90004 034 ***150.00

Principal Place of Business

16143 NW 78TH TERR.
ALACHUA FL 32615

Mailing Address

16143 NW 78TH TERR.
ALACHUA FL 32615

2. Principal Place of Business

16143 NW 78th Terr

Suite, Apt. #, etc.

3. Mailing Address

16143 NW 78th Terr

Suite, Apt. #, etc.

City & State

Alachua Florida

City & State

Alachua Florida

Zip

32615

Country

Alachua

Zip

32615

Country

Alachua

6. Name and Address of Current Registered Agent

HARRELL, GEORGE D
16143 NW 78TH TERR.
ALACHUA FL 32615

4. FEI Number

59-3519299

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name: HARRELL, George D.

Street Address (P.O. Box Number is Not Acceptable)

16143 NW 78th Terr.

City: Alachua

FL Zip Code: 32615

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: *George J. Harrell President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, GEORGE D		NAME	
STREET ADDRESS	16143 NW 78TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615		CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, EDWIN		NAME	
STREET ADDRESS	15313 NW 25TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	GAINSVILLE FL 32609		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: *George J. Harrell President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04 352-222-6787

Date

Daytime Phone #