

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000029513

1. Entity Name
HARRELL PROPERTIES, INC.



Principal Place of Business
3014 FOREST CLUB DR.
PLANT CITY, FL 33567

Mailing Address

3014 FOREST CLUB DR.
PLANT CITY, FL 33567

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HARRELL, STUART K
3014 FOREST CLUB DR.
PLANT CITY, FL 33567

Name

William T. Mims

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

100 South Kentucky Avenue, Suite 215

City

Lakeland

FL Zip Code
33801

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

William T. Mims

04/25/2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HARRELL, STUART K**
STREET ADDRESS **3014 FOREST CLUB DR.**
CITY-ST-ZIP **PLANT CITY, FL 33567**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **William T. Mims**
STREET ADDRESS **100 S. Kentucky Ave., Ste 215**
CITY-ST-ZIP **Lakeland, Florida 33801**

Change Addition

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:

William T. Mims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90418 049 ***150.00



04252007 Chg-P CR2E034 (12/06)

4/25/2007 (863) 683-9297

Date Daytime Phone #