


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90028 045 ***158.75

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DOCUMENT # P99000048570			
1. Entity Name HARRISON SURVEYING AND MAPPING, INC.			
Principal Place of Business 32529 OKALOOSA TRL SORRENTO, FL 32776		Mailing Address 32529 OKALOOSA TRL SORRENTO, FL 32776	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State N/A		City & State N/A	
Zip N/A Country N/A		Zip N/A Country N/A	
6. Name and Address of Current Registered Agent HARRISON, THOMAS EDGAR 5762 ROUND LAKE RD APOPKA, FL 32712		7. Name and Address of New Registered Agent Name N/A Street Address N/A (P.O. Box Number is Not Acceptable) City N/A FL Zip Code N/A	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HARRISON, THOMAS 5762 ROUND LAKE RD APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, THERESA L 32529 OKALOOSA TRL SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Theresa L. Willis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32529 Okaloosa Trail Sorrento
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIS, DOUGLAS S 32529 OKALOOSA TRL SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 addendum, with all other like empowered.

SIGNATURE: 