

Jan 11
Sec

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3581178

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, THOMAS EDGAR
25824 PINE VALLEY DRIVE
SORRENTO, FL 32776**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HARRISON, THOMAS 25824 PINE VALLEY DR SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, THERESA L 32529 OKALOOSA TRL SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIS, DOUGLAS S 32529 OKALOOSA TRL SORRENTO, FL 32776
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01/11/07-80044-013 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(THOMAS E. HARRISON) 01/05/07 735-1263