


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90031 004 ***150.00

DOCUMENT # P99000079135	
1. Entity Name HARBISONBILT, INC.	

Principal Place of Business 1705 NE 22ND AVE STE A OCALA FL 34470 US	Mailing Address POST OFFICE BOX 4680 OCALA FL 34478-4680
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2. Principal Place of Business 1705 NE 32ND AVE	3. Mailing Address
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State OCALA, FL	City & State
Zip 34470	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3659672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HARBISON, NOEL G 4696 E. HIGHWAY 329 ANTHONY FL 32617	
7. Name and Address of New Registered Agent Name G. TROY HARBISON Street Address (P.O. Box Number is Not Acceptable) 1705 NE 32ND AVE., SUITE A City OCALA FL 34470	

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 *G. Troy Harbison* **G. TROY HARBISON** **2-22-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBISON, NOEL G 4696 E. HIGHWAY 329 ANTHONY FL 32617 <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	D HARBISON, VELMAT 4696 E. HIGHWAY 329 ANTHONY FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VELMA T. HARBISON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARBISON, G. TROY 4696 E. HIGHWAY 329 ANTHONY FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT / DIRECTOR JOHN F. LISK 1557 BLUE RIDGE CHURCH RD. WEST JEFFERSON, NC 28694
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 exemptions contained in Section 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: *G. Troy Harbison* **G. TROY HARBISON** **2-22-06 (352)369-4573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #