
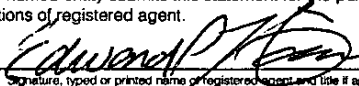
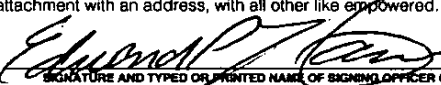


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 049 ***558.75

| | | | |
|--|--|--|--|
| DOCUMENT # S04298 | |  | |
| 1. Entity Name EDWARD P. HARRISON, DESIGNER/BUILDER, INCORPORATED | | | |
| Principal Place of Business 6010 S HWY A1A STE 9 MELBOURNE BEACH, FL 32951 US | | Mailing Address 6010 S HWY A1A STE 9 MELBOURNE BEACH, FL 32951 US | |
| 2. Principal Place of Business 6010 S. Highway A1A Suite, Apt. #, etc. | | 3. Mailing Address 6010 S. Highway A1A Suite, Apt. #, etc. | |
| City & State Melbourne Beach, FL Zip 32951 Country | | City & State Melbourne Beach, FL Zip 32951 Country | |
| 4. FEI Number 59-3034757 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRISON, EDWARD P. 5215 S. HWY A1A MELBOURNE, FL 32951 | | 7. Name and Address of New Registered Agent Name Edward P. Harrison Street Address (P.O. Box Number is Not Acceptable) 6010 Highway A1A City Melbourne Beach FL Zip Code 32951 | |
| B. 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  | | DATE 8/04/05 | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 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 P NAME HARRISON, EDWARD P. <input type="checkbox"/> Delete STREET ADDRESS 5215 S. HWY A1A CITY-ST-ZIP MELBOURNE BEACH, FL 32951 | | TITLE P NAME Edward P. Harrison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 267 Loggerhead Drive CITY-ST-ZIP Melbourne Beach, FL 32951 | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:  | | Date 8/4/05 Daytime Phone # 321-723-6986 | |

50060452



08042005 Chg-P CR2E034 (10/03)