

2005, FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90070 012 ***150.00

DOCUMENT # S20171

1. Entity Name

HARRIS GROUP II, INC.



Principal Place of Business

941 LIBERTY STREET
JACKSONVILLE FL 32206-5676
US

Mailing Address

P O BOX 40126
JACKSONVILLE FL 32203-0126
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3042605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ROBERT L., SR.
892 OCEAN BLVD
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name Robert L. Harris Jr.

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

5670 Don Manuel Rd

City Elkton

FL

Zip Code 32033

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

Robert L. Harris

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, ROBERT L SR	
STREET ADDRESS	892 OCEAN BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRIS, JOAN K	
STREET ADDRESS	892 OCEAN BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JR., ROBERT L JR	
STREET ADDRESS	5670 DON MANUEK RD <i>Spelled wrong</i>	
CITY-ST-ZIP	ELKTON FL 32033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JR ROBERT L.	
STREET ADDRESS	5670 DON MANUEL Rd	
CITY-ST-ZIP	ELKTON, FL 32033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

Joan K Harris - Joan K Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

904-353-0446

Daytime Phone #