

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52839

FILED
Apr 29, 2009
Secretary of State

Entity Name: HARRY'S OF AMERICA, INC.

Current Principal Place of Business:

9995 GATE PARKWAY N
SUITE 400B
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY N
SUITE 400B
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3076548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIG, LOUIS M
1056 N 3RD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAIG, LOUIS M
Address: 405 S. FIRST STREET UNIT #211
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: SAIG, GREG S
Address: P.O. BOX 50648
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S () Delete
Name: SCHEEL, WILLIAM
Address: 4589 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: V () Delete
Name: JABOT, JEFF
Address: 9206 STARPASS DR
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF JABOT

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date