


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V07322  
 1. Entity Name  
 JULIAN E. HARRISON, P.A.



Principal Place of Business      Mailing Address  
 138 BUSHNELL PLAZA              138 BUSHNELL PLAZA  
 SUITE 301                              SUITE 301  
 BUSHNELL, FL 33513 US          BUSHNELL, FL 33513 US



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3109424      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HARRISON, JULIAN E.  
 138 BUSHNELL PLAZA  
 STE 301  
 BUSHNELL, FL 33513

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000340060  
 04/28/05-80101-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRISON, JULIAN E. 324 WEST DADE AVENUE BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRISON, MARY G. 324 WEST DADE AVENUE BUSHNELL, FL 33513
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Julian E. Harrison* JULIAN E. HARRISON      4-26-05(352)793 5566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #