

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00**  
**Secretary of State**

**DOCUMENT # V07322**

1. Entity Name  
**JULIAN E. HARRISON, P.A.**



|  |  |
|--|--|
| Principal Place of Business<br><b>138 BUSHNELL PLAZA<br/>         SUITE 301<br/>         BUSHNELL, FL 33513 US</b> | Mailing Address<br><b>138 BUSHNELL PLAZA<br/>         SUITE 301<br/>         BUSHNELL, FL 33513 US</b> |
|--|--|



05172007 No Chg-P CR2E034 (11/05)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3109424</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 reconstituting)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HARRISON, JULIAN E.<br>324 WEST DADE AVENUE<br>BUSHNELL, FL 33513 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>HARRISON, MARY G.<br>324 WEST DADE AVENUE<br>BUSHNELL, FL 33513   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 05/31/07-80008-011 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* 17 May 2007 352-793-5566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #