2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V74112

1. Entity Name
RICHARD H. HARRIS & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
6400 N. ANDREWS AVE #320 FT. LAUDERDALE, FL 33309 US	6400 N. ANDREWS AVE #320 FT. LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0366107	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

HARRIS, RICHARD H
6400 N. ANDREWS AVE
#320
FT LAUDERDALE, FL 33309

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

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10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, RICHARD H.
STREET ADDRESS	6400 N. ANDREWS AVE. #320
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

U00000678123
04/02/07-80020-017 150.00

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IN THIS SPACE

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: _____   3/22/07   954-72-4/20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #