

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004910

FILED  
Apr 18, 2011  
Secretary of State

Entity Name: HARRISON LOAN COMPANY

**Current Principal Place of Business:**

2510 14TH STREET  
GULFPORT, MS 39502

**New Principal Place of Business:**

2510 14TH STREET  
GULFPORT, MS 39501

**Current Mailing Address:**

PO BOX 4019  
GULFPORT, MS 39502

**New Mailing Address:**

FEI Number: 27-3671141      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: CHANEY, CARL J  
Address: PO BOX 4019  
City-St-Zip: GULFPORT, MS 39502

Title: DV  
Name: HAIRSTON, JOHN M  
Address: PO BOX 4019  
City-St-Zip: GULFPORT, MS 39502

Title: D  
Name: HILL, RICHARD T  
Address: PO BOX 4019  
City-St-Zip: GULFPORT, MS 39502

Title: DP  
Name: MCCROAN, JAMES  
Address: PO BOX 4019  
City-St-Zip: GULFPORT, MS 39502

Title: V  
Name: MAYO, JEANNE  
Address: PO BOX 4019  
City-St-Zip: GULFPORT, MS 39502

Title: V  
Name: MOORE, KENNY  
Address: PO BOX 4019  
City-St-Zip: GULFPORT, MS 39502

I hereby 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 all other like empowered.

SIGNATURE: CARL J CHANEY

DV

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date