2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# 303173

Entity Name: THE HARBESON AGENCY, INC.

Current Principal Place of Business:

29 A MIRACLE STRIP PKWY., S.W.
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

29 A MIRACLE STRIP PKWY., S.W.
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-1173668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JOHN M
580 MOONEY ROAD, NE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

ROBERTS, NICOLA H
580 MOONEY ROAD, NE
FORT WALTON BEACH, FL 32547 US

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: NICOLA H. ROBERTS 03/14/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARBESON, W.B. III
Address: 551 BRIAN CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

Title: S ( ) Delete
Name: HARBESON, NICOLA C
Address: 551 BRIAN CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

Title: T ( ) Delete
Name: ROBERTS, NICOLA H
Address: 580 MOONEY ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: PAPPAS, CARMELLA H
Address: 287 BRIARWOOD COURT
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: M (X) Delete
Name: NICHOLS, SANDRA F
Address: 32 BAY DRIVE, NE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROBERTS, NICOLA H
Address: 580 MOONEY ROAD, NE
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: M (X) Change ( ) Addition
Name: NICHOLS, SANDRA F
Address: 32 BAY DRIVE, NE
City-St-Zip: FORT WALTON BEACH, FL 32548

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 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: NICOLA H. ROBERTS P 03/14/2007
Electronic Signature of Signing Officer or Director Date