2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 671161

1. Entity Name
HARBOR SERVICES, INC.

Principal Place of Business	Mailing Address
9060 HERRING ST CAPE CANAVERAL, FL 32920	P O BOX 816 CAPE CANAVERAL, FL 32920 US

04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2010134
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCMILLIN, EARL R
398 HOLMAN ROAD
CAPE CANAVERAL, FL 32920

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000126200
04/23/04-80024-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOLTZ, JOHN M.
STREET ADDRESS	115 HERON DRIVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	P
NAME	CALLAN, DAVID P.
STREET ADDRESS	616 MONROE AVENUE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	MCMILLIN, EARL R.
STREET ADDRESS	398 HOLMAN ROAD
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	V
NAME	RICHARD, DAVID A
STREET ADDRESS	225 S TROPICAL TR APT #604
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	GASECKI, STEVE J
STREET ADDRESS	2285 TANGLWOOD LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
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: David C. Murphy 4-16-04 321 783-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #