## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702622**

FILED May 12, 2004 Secretary of State

Entity Name: HARBOR ACRES GROUP, INC.

Current F	rincipal Place of Business:	New Principal Place of Business:
	BIN ROAD NVILLE, FL 32257	
Current N	lailing Address:	New Mailing Address:
	BIN ROAD IVILLE, FL 32257	
El Number	: 59-2348599 FEI Number Applied Fo	r() FEI Number Not Applicable() Certificate of Status Desired()
Name and	d Address of Current Registered A	gent: Name and Address of New Registered Agent:
	RISTY BIN ROAD IVILLE, FL 32257 US	
	e named entity submits this statement e of Florida.	for the purpose of changing its registered office or registered agent, or both,
n the Stat	e of Florida.	for the purpose of changing its registered office or registered agent, or both,
n the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida.	
n the Stat  BIGNATU  DFFICER  Title:  Jame:  Address:	e of Florida.  RE:  Electronic Signature of Registe	ered Agent Date
n the Stat SIGNATU	e of Florida.  RE: Electronic Signature of Registe  S AND DIRECTORS:  PT () Delete GAVIN, KRISTY 3760 RUBIN ROAD	ered Agent  Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
n the Stat  BIGNATU  DFFICER  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	e of Florida.  RE:  Electronic Signature of Registe  S AND DIRECTORS:  PT () Delete GAVIN, KRISTY 3760 RUBIN ROAD JACKSONVILLE, FL 32257  VPT () Delete O'QUINN, ROBERT E 3715 HARBOR ACRES LANE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTY J. GAVIN PT 05/12/2004