2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90029 020 ***150.00

DOCUMENT # F92000000910

1. Entity Name
HARBORLITE CORPORATION

40039080

Principal Place of Business	Mailing Address
137 W CENTRAL AVE P.O. BOX 100 LOMPOC, CA 93436 US	P.O. BOX 999 QUINCY, FL 32353-0999 US

03172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 33-0536962 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OSKAM, JOHN 130 CASTILIAN DR SANTA BARBARA, CA 93117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARC E FLEISCHMAN 130 CASTILIAN DR SANTA BARBARA, CA 93117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHWEIGERT, KEN 2500 MIGUETTE ROAD LOMPOC, CA 93436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC HEER, RICK ~~137 W CENTRAL AVE~~ ~~LOMPOC, CA 93436~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition TC HEER, RICK 130 CASTILIAN DR SANTA BARBARA, CA 93117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: BCMod BURT MODI 3/17/05
SIGNATURE AND ~~TYPED OR PRINTED~~ NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Due on or Before: December 1, 2004
Your Cid: 1992-00278682
State of Incorp. DE

ATTACHMENT
H00390080
F92000000910

State of Wyoming
2004 ANNUAL PROFIT CORPORATION REPORT

Name and Address of Corporation:

HARBORLITE CORPORATION
137 WEST CENTRAL AVENUE
LOMPOC, CA 93436

The names and addresses of the officers and directors on file in the Secretary of State's office are:

President: JOHN OSKAM 130 CASTILIAN DR. SANTA BARBARA, CA 93117
Vice President: KEN SCHWIGERT "
Secretary: Marc Fleischman "
Treasurer: ~~RICK HERR 137 W CENTRAL AVE LOMPOC CA 93436~~
Directors: SAME

Checklist: (To avoid REJECTION - Be sure all boxes are checked)

- ☐ **Worksheet is completed and enclosed.**
- ☐ **Fee has been calculated and $ _____ is enclosed (minimum $50.00).**
- ☐ **Current officers and directors are listed.**
- ☐ **Report is originally signed and dated.**

I HEREBY CERTIFY under the penalty of perjury that the information I am submitting is true and correct to the best of my knowledge.

_____ _____

Date **Signature**

Make check payable and return to:
Wyoming Secretary of State - Ph. (307) 777-7311
200 West 24th Street, Room 110
Cheyenne, WY 82002-0020

-OVER-