2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

DOCUMENT # F9200000910 1. Entity Name HARBORLITE CORPORATION						03-22-2006	90022	023 ***15	0.00
Principal Place 137 W CENTI P.O. BOX 10 LOMPOC, CA	RAL AVE	Mailing Address P.O. BOX 999 QUINCY, FL 32353-0999	e US		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			04354	
2. Principal Place of Business		3. Mailing Address							
130 CASTILIAN DRIVE Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142006	Chg-P	CR2E	034 (11/05)	
City & State	- A	City & State			I, FEI Numbe				plied For
GOLETA, CA		7in	Country	33-0536962			Not Applicable		
Zip Country 931/7 USA		Zip	Country		6. Certificate	of Status Desired		Fee Required	
6. Name and Address of Current Registered Agent				. 7	. Name and	Address of New R	egistered	Agent	
THE PREMITION HALL CORPORATION SYSTEM INC.			Name						
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET			Street A	ddress (P.C), Box Numbe	er is Not Acceptable))		
SUITE 105 TALLAHASSEE, FL 32301									
WEE W. 6652, 72 5255			City	 ,			FL	Zip Code)
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered	agent, or bot	th, in the State of Flo	rida. I am	n familiar with,	and accept
the obligat	ions of registered agent.							٠.	
SIGNATURE TO THE SIGNATURE									
•	Signature, typed or printed name of registered agent ar	id titte it applicable. (NOTE: F	Registered Agent signati	ure required wh	en reinstating)		DATE		
FIL	~ <u>*</u>								
Arter M	E NOW!!! FEE IS \$150.00 ay 1 _{\$} 2006 Fee will be \$550.0	S. Election Campaign Trust Fund Contrib		\$5.00 Added	May Be to Fees				
10.	E NOW!!! FEE IS \$150.00 ay 1,2006 Fee will be \$550.0	O Trust Fund Contrib		Added	to Fees	CHANGES TO OFF	ICERS AN	DDIRECTORS	S IN 11
	ay 1,2006 Fee will be \$550.0	O Trust Fund Contrib	11.	Added	ADDITIONS		ICERS AN	ID DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: _

SECRETARY

FRANCOIS MACQUET 130 CASTLLAND DRIVE

GOLETA, CA 93117

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STEPHEN BAILMEL

805 562 -0230

Change

Addition