

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F98000007033

1. Entity Name  
HARBOR MANAGEMENT, INC. OF GEORGIA



Principal Place of Business  
3190 NE EXPWY STE 41  
ATLANTA, GA 30311

Mailing Address  
3190 NE EXPWY STE 41  
ATLANTA, GA 30311

V# FLO DE1  
#029  
0695-0009  
**FILED**  
Sep 06, 2006 08:00 AM  
Secretary of State

**ENTERED**  
9/5/06



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1950575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD BERKMAN, STEVEN J 3190 NE EXPWY STE 410 ATLANTA, GA 30341
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000576199  
09/06/06-80001-002 558.75

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #