

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2007 08:00 A
Secretary of State**DOCUMENT # P01000118590**1. Entity Name
HARBINGER WOODCRAFT, INC.

Principal Place of Business

**5671 ZIP DRIVE
FT. MYERS, FL 33905**

Mailing Address

**5671 ZIP DRIVE
FT. MYERS, FL 33905**

04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-1160004
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****HARRIS, JAMES E JR
17341 WILLIAMSBURG DR.
N. FT. MYERS, FL 33917-3603****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 \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****000000758117
05/23/07-80098-025 150.00****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARRIS, JAMES E JR
17341 WILLIAMSBURG DR.
N. FT. MYERS, FL 339173603**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HARRIS, C. PATRICK
805 FRIENDLY ST.
N. FT. MYERS, FL 33906**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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 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 #