2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S73945

Entity Name: HARBOURSIDE CUSTOM HOMES, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8200 HEALTH CENTER BLVD. 8200 HEALTH CENTER BLVD.

SUITE 101 SUITE 104

BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

8200 HEALTH CENTER BLVD. 8200 HEALTH CENTER BLVD.

SUITE 101 SUITE 104

BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US

FEI Number: 65-0279581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLTON, JERRY E WINER, STEVE I
18691 CYPRESS HAVEN DRIVE 2320 FIRST STREET
FORT MYERS EL 33008 LIS SUITE 1000

FORT MYERS, FL 33908 US SUITE 1000 FORT MYERS, FL 33901 US

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.

SIGNATURE: STEVE I. WINER 04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: () Change () Addition

 Name:
 COLTON, JERRY E.
 Name:

 Address:
 18691 CYPRESS HAVEN DRIVE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:

Title: P () Delete Title: DIR (X) Change () Addition

 Name:
 JENKINS, FRANK R.
 Name:
 JENKINS, FRANK R.

 Address:
 11951 PALOMINO LN
 Address:
 11951 PALOMINO LN

 City-St-Zip:
 FT. MYERS, FL 33912
 City-St-Zip:
 FT. MYERS, FL 33912

Title: VP () Delete Title: () Change () Addition

 Name:
 COLTON, SANDRA J.
 Name:

 Address:
 18691 CYPRESS HAVEN DRIVE
 Address:

 City-St-Zip:
 FT. MYERS, FL 33908
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY E. COLTON CEO 04/16/2009