

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671161

Entity Name: HARBOR SERVICES, INC.**Current Principal Place of Business:**9060 HERRING ST
CAPE CANAVERAL, FL 32920**Current Mailing Address:**P O BOX 816
CAPE CANAVERAL, FL 32920 US**FEI Number:** 59-2010134**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GASECKI, STEPHEN
2295 TANGLEWOOD LANE
MERRITT ISLAND, FL 32953 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	V
Name	GRIMISON, THOMAS R.
Address	1275 ISLAND DR
City-State-Zip:	MERRITT ISLAND FL 32952

Title	CHAIRMAN
Name	BROWN, DOUGLAS
Address	1251 GRAND CAYMAN DR
City-State-Zip:	MERRITT ISLAND FL 32952

Title	DIRECTOR
Name	RICHARD, DAVID
Address	225 S TROPICAL TR APT #604
City-State-Zip:	MERRITT ISLAND FL 32952

Title	P
Name	GASECKI, STEPHEN
Address	2285 TANGWOOD LANE
City-State-Zip:	MERRITT ISLAND FL 32953

Title	DIRECTOR
Name	MELLO, LOU
Address	324 HARBOR DR
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	CHAIRMAN
Name	BORGIE, BENJAMIN
Address	1511 STAFFORD AVE
City-State-Zip:	MERRITT ISLAND FL 32952

Title	DIRECTOR
Name	MCMILLIN, BRENDAN
Address	139 OCEAN GARDEN LN
City-State-Zip:	CAPE CANAVERAL FL 32920

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS MUTTER**BUSINESS DIRECTOR****04/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date