

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


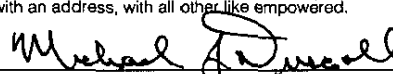
**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90032 041 \*\*\*150.00

**44003709**



01122004 Chg-P CR2E034 (10/03)

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # 209355</b>  |  |                                    |  |
| 1. Entity Name<br><b>HARBOR INSURANCE AGENCY, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>2222 COLONIAL RD<br/>STE. 100<br/>FT. PIERCE, FL 34950-5309 US</b>  |  | Mailing Address<br><b>2222 COLONIAL ROAD SUITE 100<br/>STE. 100<br/>FT PIERCE FLA, 34950-5309 US</b>                |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   | Country  | Zip   | Country  |
| 4. FEI Number<br><b>59-0824583</b>  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  | <b>7. Name and Address of New Registered Agent</b>  |  |
| <b>LOUIS I HAYNES<br/>2222 COLONIAL ROAD<br/>SUITE 100<br/>FT. PIERCE, FL 34950</b>   |  | Name  |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |  | City  |  |
|   |  | <b>FL</b> Zip Code  |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>HAYNES, LOUIS I.<br/>1014 TRINIDAD AVE.<br/>FORT PIERCE, FL 34950</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VTD<br/>DRISCOLL, MICHAEL J.<br/>1920 WREN AVE<br/>FORT PIERCE, FL 34950</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S/D<br/>ROBERTS, J. HAL<br/>100 S. 2ND STREET<br/>FORT PIERCE, FL 34950</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BROWN, MICHAEL J JR<br/>100 S. 2ND STREET<br/>FORT PIERCE, FL 34950</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>David G. Willbur, Jr.<br/>2400 SE Midport Road, Suite 110<br/>Port St. Lucie, FL 34952</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>ENNS, EDWARD G<br/>100 S. 2ND STREET<br/>FORT PIERCE, FL 34950</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>ACKER, KENNETH<br/>6078 20TH STREET<br/>VERO BEACH, FL 32966</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |  |   |  |
| <b>SIGNATURE:</b>    |  | <b>11/2/04</b> <b>772-461-6040</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |  |