


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90030 016 ***150.00

DOCUMENT # 209355					
1. Entity Name HARBOR INSURANCE AGENCY, INC.					
Principal Place of Business 2222 COLONIAL RD STE. 100 FT. PIERCE, FL 34950-5309 US		Mailing Address 2222 COLONIAL ROAD SUITE 100 STE. 100 FT PIERCE FLA, 34950-5309 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0824583	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DRISCOLL, MICHAEL J 2222 COLONIAL ROAD SUITE 100 FT. PIERCE, FL 34950			Name <u>David G. Willbur</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>2222 Colonial Road, STE 100</u>		
			City <u>Fort Pierce</u> FL Zip Code <u>34950</u>		
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 <u>David G. Willbur</u>			DATE <u>1/17/2007</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when re-constating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLBUR, DAVID G		NAME		
STREET ADDRESS	2222 COLEMAN RD STE 100		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRISCOLL, MICHAEL J.		NAME		
STREET ADDRESS	1920 WREN AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, J. HAL		NAME		
STREET ADDRESS	100 S. 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, MICHAEL J JR		NAME		
STREET ADDRESS	100 S. 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACKER, KENNETH		NAME	<u>S/D</u>	
STREET ADDRESS	6078 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Michael J Driscoll VP/Treas.</u>			DATE <u>1/17/2007</u> DAYTIME PHONE # <u>772-461-6040</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		