

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 209355

FILED
Jan 31, 2011
Secretary of State

Entity Name: HARBOR INSURANCE AGENCY, INC.

Current Principal Place of Business:

2222 COLONIAL RD
SUITE. 100
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

2222 COLONIAL ROAD
SUITE 100
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 59-0824583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLBUR, DAVID G
2222 COLONIAL RD
SUITE. 100
FT. PIERCE, FL 349505309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: EVP
Name: WILLBUR, DAVID G
Address: 2222 COLONIAL ROAD, SUITE 100
City-St-Zip: FORT PIERCE, FL 34950

Title: TS
Name: TOMASCIK, GEORGE J SR
Address: 2222 COLONIAL RD., SUITE 100
City-St-Zip: FORT PIERCE, FL 34950

Title: P
Name: COOK, TOM
Address: 2222 COLONIAL ROAD, SUITE 100
City-St-Zip: FORT PIERCE, FL 34950

Title: VP
Name: PALMER, REBECCA A
Address: 500 NORTHPOINT PARKWAY, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

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: JAMES R POKORNY

CPA

01/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date