

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 209355

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: HARBOR INSURANCE AGENCY, INC.

## Current Principal Place of Business:

6645 S. US HIGHWAY 1  
SUITE 100  
PORT SAINT LUCIE, FL 34952 US

## New Principal Place of Business:

6645 S. US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952 US

## Current Mailing Address:

6645 S. US HIGHWAY 1  
SUITE 100  
PORT SAINT LUCIE, FL 34952 US

## New Mailing Address:

6645 S. US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952 US

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:

GEORGE, TOMASCIK  
6645 S. US HIGHWAY 1  
PORT ST. LUCIE, FL 34952 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: GEORGE TOMASCIK

01/06/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TS  
Name: TOMASCIK, GEORGE J SR  
Address: 6645 S. US HIGHWAY 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: P  
Name: COOK, TOM  
Address: 6645 S. US HIGHWAY 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: VP  
Name: PALMER, REBECCA A  
Address: 6645 S. US HIGHWAY 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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

01/06/2012

Electronic Signature of Signing Officer or Director

Date