

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jan 21, 2012
Secretary of State**

DOCUMENT# 209355

Entity Name: HARBOR INSURANCE AGENCY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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

Title: VP
Name: AUSTIN, ERIC D
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: GEORGE TOMASCIK

TS

01/21/2012

Electronic Signature of Signing Officer or Director

Date