

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 298057

1. Entity Name
HARBOR ELECTRIC, INC.



Principal Place of Business

1745 AURORA RD.
MELBOURNE, FL 32935

Mailing Address

1745 AURORA RD.
MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1104203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VON PLINSKY, JAMES A.
1575 FARNSWORTH AVENUE
VALKARIA, FL 32950

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000224343
02/20/08-80073-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VON PLINSKY, JAMES A.
STREET ADDRESS 1575 FARNSWORTH AVENUE
CITY-ST-ZIP VALKARIA, FL 32950

TITLE VD
NAME ASHMORE, DOUGLAS E
STREET ADDRESS 2450 NEW YORK ST
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE SD
NAME SINCLAIR, PATRICIA E
STREET ADDRESS 7030 INDIAN RIVER BLD.
CITY-ST-ZIP GRANT, FL 32949

TITLE TD
NAME SINCLAIR, RONALD
STREET ADDRESS 7030 INDIAN RIVER BLVD.
CITY-ST-ZIP GRANT, FL 32949

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. VON PLINSKY

1-28-08 321-254-7959

Date

Daytime Phone #