2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 298057

Entity Name: HARBOR ELECTRIC, INC.

GRANT, FL 32949

City-St-Zip:

FILED Jun 18, 2009 Secretary of State

Current B	Principal Plac	e of Business:	New Principal Place of Business:	
	•	e of Busiliess.	New Fillicipal Flace	or Busiliess.
1745 AUR MELBOUF	ORA RD. RNE, FL 3293	5		
Current Mailing Address:			New Mailing Address:	
1745 AUR MELBOUF	ORA RD. RNE, FL 3293	5		
FEI Number	: 59-1104203	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
1575 FAR	ISKY, JAMES . NSWORTH A A, FL 32950			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		93(2)(b), F.S., the corporation did nongerous Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VON PLINSKY	VORTH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ASHMORE, DO 2450 NEW YO		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD (SINCLAIR, PA 7030 INDIAN F GRANT, FL 32	RIVER BLD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	TD (SINCLAIR, RC 7030 INDIAN F		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES A. VON PLINSKY PD 06/18/2009