2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 10, 2005 08:00 AM **DOCUMENT # 450610** Secretary of State 1. Entity Name CENTRAL HARBOR HOMES CORPORATION Principal Place of Business Mailing Address 7602 CONGRESS ST 7602 CONGRESS ST NEW PORT RICHEY FL 34653-1106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1523112 Not Applicable Country Zib Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENNA, SEBASTIAN Street Address (P.O. Box Number is Not Acceptable) 7602 CONGRESS ST NEW PORT RICHEY FL 34653-1106 Zip Code 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 (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VΡ TITLE Change ☐ Addition Delete NAME PENNA, STEVEN NAME STREET ADDRESS 7602 CONGRESS ST #5 STREET ADORESS CITY-ST-ZIP NEW PORT RICHEY FL 34653-1106 CITY-ST-ZIP TITLE VTS TITLE Change ☐ Addition ☐ Delete PENNA, JOSEPHINE NAME MAME 1100000223745 STREET ADDRESS 7602 CONGRESS ST #5 STREET ADURESS 02/10/05-80057-014 150.00 CITY-ST-ZIP NEW PORT RICHEY FL 34653-1106 CITY-ST-ZIP Change Addition TITLE Delete PENNA, SEBASTIAN STREET ADDRESS 7602 CONGRESS ST #5 STREET ADDRESS CITY - ST - ZIE NEW PORT RICHEY FL 34653-1106 CHY-ST-ZIP TITLE ☐ Detete uue[Change ☐ Addition NAME SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete DDF [Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE [Change Addition NAME NAME STREFT ADDRESS STREET ADORESS CITY - ST - 7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

FILED