


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 539005 1. Entity Name HARBOR HOTEL CORPORATION	
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Principal Place of Business 1 STEINBRENNER DRIVE TAMPA, FL 33614 US	Mailing Address 1 STEINBRENNER DRIVE TAMPA, FL 33614 US
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1763306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TATE, MARK T 501 EAST KENNEDY BLVD SUITE 1700 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

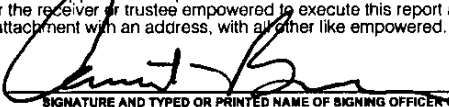
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEINBRENNER, GEORGE M P.O. BOX 25077 NA TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBRENNER, JOAN Z P.O. BOX 25077 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIMLE, DON P.O. BOX 25077 NA TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEINBRENNER, HAROLD Z P.O. BOX 25077 NA TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBRENNER, HENRY G P.O. BOX 25077 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/22/07-80005-011 150.00

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

Date _____ Daytime Phone # _____