

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

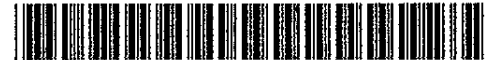
FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 579126

1. Entity Name
CORAL HARBOR ENTERPRISES, INC.

Principal Place of Business
**1601 W MARION AVE SUITE 202
PUNTA GORDA, FL 33950**

Mailing Address
**1601 W MARION AVE SUITE 202
PUNTA GORDA, FL 33950**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1848901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, JAMES E., III
1625 W MARION AVE
PUNTA GORDA, FL 33950**

**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 Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MORELLO, JAMES G.
STREET ADDRESS	3730 BORDEAUX DR
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	VP
NAME	GRAHAM, CAROL F
STREET ADDRESS	500 BAL AHRBOR BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	VP
NAME	MORELLO, M. LORRAINE
STREET ADDRESS	3730 BORDEAUX DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	VP
NAME	QUICK, KENNETH WAYNE
STREET ADDRESS	P.O. BOX 511194
CITY-ST-ZIP	PUNTA GORDA, FL 33951

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/04-80051-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

James G. Morello

SIGNATURE:

James G. Morello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04 941-639-2132
Date Daytime Phone #