

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90014 017 ***150.00

DOCUMENT # 579126

1. Entity Name

CORAL HARBOR ENTERPRISES, INC.



Principal Place of Business

3665 TAMiami TRAIL
SUITE 102
PUNTA GORDA FL 33950

Mailing Address

3665 TAMiami TR., STE 102
PUNTA GORDA FL 33950



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1848901

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JAMES E., III
1107 W MARION AVE
PUNTA GORDA FL 33950

Name

JAMES G. MORELLO

Street Address (P.O. Box Number is Not Acceptable)

3730 BORDEAUX DRIVE

City

PUNTA GORDA

FL

Zip Code

33950

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

James G. Morello

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

(MORE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	MORELLO, JAMES G.	
STREET ADDRESS	3730 BORDEAUX DR	
CITY-STATE-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	☒ Delete
NAME	GRAHAM, CAROL F	
STREET ADDRESS	500 BAL HARBOR BLVD	
CITY-STATE-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	☐ Delete
NAME	MORELLO, M. LORRAINE	
STREET ADDRESS	3730 BORDEAUX DRIVE	
CITY-STATE-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	☒ Delete
NAME	QUICK, KENNETH WAYNE	
STREET ADDRESS	P.O. BOX 511194	
CITY-STATE-ZIP	PUNTA GORDA FL 33951	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James G. Morello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18-08

941-639-2132

Date

Phone Number