

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90006 014 ***550.00

DOCUMENT # 671161 1. Entity Name HARBOR SERVICES, INC.					
Principal Place of Business 9060 HERRING ST CAPE CANAVERAL, FL 32920			Mailing Address P O BOX 816 CAPE CANAVERAL, FL 32920 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2010134	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMILLIN, EARL R 398 HOLMAN ROAD CAPE CANAVERAL, FL 32920			7. Name and Address of New Registered Agent Name Richard, David Street Address (P.O. Box Number is Not Acceptable) 393 Waterside Dr. City Merritt Island FL Zip Code 32952		
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 <i>David C. Richard</i> David Richard. 5-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTZ, JOHN M. 115 HERON DRIVE MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLAN, DAVID P. 616 MONROE AVENUE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLIN, EARL R. 398 HOLMAN ROAD CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARD, DAVID A 225 S TROPICAL TR APT #604 MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASECKI, STEVE J 2285 TANGLWOOD LANE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mello, Louis J. 125 Seaport Blvd. Cape Canaveral, FL 32920	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>David C. Richard</i> David Richard. 5-26-07 783-4707 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					