2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2008
Secretary of State

DOCUMENT# 709173

Entity Name: HARBOUR LIGHTS INC., OF NAPLES

Current Principal Place of Business:

390 HARBOUR DRIVE
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

390 HARBOUR DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1112711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, KNUDSEN D PA
TAMELA EADY WISEMNA
5121 CASTELLO DR, SUITE 1
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	AYOTTE, ROBERT	
Address:	532 HARBOUR DR	
City-St-Zip:	NAPLES, FL 34103	
Title:	P	( ) Delete
Name:	KEELER, ROBERT	
Address:	372 HARBOUR DR	
City-St-Zip:	NAPLES, FL 34103	
Title:	V	( ) Delete
Name:	MEROD, EDWIN	
Address:	350 HARBOUR DR	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	DEMPSEY, JOHN	
Address:	346 HARBOUR DR	
City-St-Zip:	NAPLES, FL 34103	
Title:	T	( ) Delete
Name:	JOE, GROJEAN L	
Address:	356 HARBOUR DR	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	PATRICIA, HENRY A	
Address:	344 JARBOUR DR.	
City-St-Zip:	NAPLES, FL 34103	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE L. GROJEAN T 02/23/2008
Electronic Signature of Signing Officer or Director — Date