

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90030 014 \*\*\*\*61.25

**DOCUMENT # 713624**  
 1. Entity Name  
**HARBOUR HOUSE OF VENICE, INC.**



Principal Place of Business: **1000 TARPON CENTER DR VENICE FL 34285**  
 Mailing Address: **C/O ANTARES GROUP INC PO BOX 8065 NORTH PORT FL 34287**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **610 ANTARES GROUP, Inc.**  
 Suite, Apt. #, etc.: **4195 S. TAMiami TL, PMB # 173**  
 City & State: **Venice, FL**  
 Zip: **34293** Country: **USA**

1st MOORE CR2E037 (10/05)  
 4. FEI Number: **59-1237601**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANTARES GROUP INC**  
**760 SUGARWOOD WAY**  
**VENICE FL 34292**

*Handwritten: V. R. JAN 28 2006*

7. Name and Address of New Registered Agent  
 Name: **ANTARES GROUP, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable): **4195 S. TAMiami TL, PMB # 173**  
 Venice FL Zip Code: **34293**

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]* *[Signature]* **02.10.06**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRIOR, ROBERT	
STREET ADDRESS	1000 TARPON CENTER DR. 501	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOWNE, SARA	
STREET ADDRESS	1000 TARPON CENTER DR, #102	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA	
STREET ADDRESS	1000 TARPON CENTER DR # 204	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDMAN, MARK	
STREET ADDRESS	1000 TARPON CENTER DR #202	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLING, GILBERT	
STREET ADDRESS	1000 TARPON CENTER DR #401	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 617, 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: *Mark Rudman* **MARK RUDMAN** **02.10.06** **241-408-8739**