


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90008 024 ***158.75

DOCUMENT # F03000001124 1. Entity Name HARBORSIDE FINANCIAL NETWORK, INC					
Principal Place of Business 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92069			Mailing Address 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92069		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		92078	
4. FEI Number 33-0442970				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	CP ANDERSON, FRAN 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	zip code changed to 92078	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP FERGUSON, MICHAEL W 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANDERSON, ALAN 334 VIA VERA CRUZ STE. 254 SAN MARCOS, CA 92069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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.					
SIGNATURE: <u>Alan Anderson</u> Alan Anderson, Corporate Secretary			1-1405 760/591-4795 Date Daytime Phone #		

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