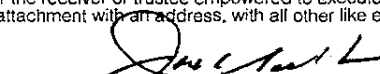


FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F21331						Feb 19, 2004 08:00 AM Secretary of State	
1. Entity Name HARBOUR RIDGE, INC.							
Principal Place of Business 1025 SW MARTIN DOWNS BLVD #205 PALM CITY FL 34990 US		Mailing Address 1025 SW MARTIN DOWNS BLVD #205 PALM CITY FL 34990 US					
2. Principal Place of Business		3. Mailing Address		MOORE			CR2E034 (11/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2124757			Applied For ☐ Not Applicable ☐
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent SCHULER, JACK C. 1025 SW MARTIN DOWNS BLVD SUITE 205 PALM CITY FL 34990				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, 2004 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition				
NAME	DODGE, JOHN B	NAME					
STREET ADDRESS	1025 SW MARTIN DOWNS BLVD #205	STREET ADDRESS					
CITY - ST - ZIP	PALM CITY FL 34990	CITY - ST - ZIP					
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition				
NAME	MCKEY, JOHN D JR	NAME					
STREET ADDRESS	1025 SW MARTIN DOWNS BLVD. #205	STREET ADDRESS					
CITY - ST - ZIP	PALM CITY FL 34990	CITY - ST - ZIP					
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition				
NAME	SCHULER, JACK C.	NAME					
STREET ADDRESS	1025 SW MARTIN DOWNS BLVD. #205	STREET ADDRESS					
CITY - ST - ZIP	PALM CITY FL 34990	CITY - ST - ZIP					
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
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: 				3/12/04			