

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT# F21331 1. Entity Name HARBORRIDGE, INC.	
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Principal Place of Business 1025 SW MARTINDOWNS BLVD #205 PALM CITY, FL 34990 US	Mailing Address 1025 SW MARTINDOWNS BLVD #205 PALM CITY, FL 34990 US
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01092007 NoChg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FEIN Number 59-2124757	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHULER, JACK C. 1025 SW MARTINDOWNS BLVD SUITE 205 PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

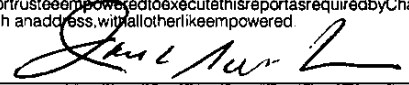
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.	
SIGNATURE _____ Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when installing)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DODGE, JOHN B 1025 SW MARTINDOWNS BLVD #205 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCKEY, JOHN DJR 1025 SW MARTINDOWNS BLVD #205 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SCHULER, JACK C. 1025 SW MARTINDOWNS BLVD #205 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1/20/07</u> Daytime Phone # _____