2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# F21331

1. EntityName
HARBOURRIDGE,INC.

PrincipalPlaceofBusiness	MailingAddress
1025SWMARTINDOWNSBLVD #205 PALMCITY,FL34990US	1025SWMARTINDOWNSBLVD #205 PALMCITY,FL34990US

DO NOT WRITE IN THIS SPACE

01092007 NoChg-P CR2E034(11/05)

4. FEINumber
59-2124757
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

SCHULER,JACKC.
1025SWMARTINDOWNSBLVD
SUITE205
PALMCITY,FL34990

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	DP
NAME	DODGE,JOHNB
STREETADDRESS	1025SWMARTINDOWNSBLVD#205
CITY-ST-ZIP	PALMCITY,FL34990
TITLE	DS
NAME	MCKEY,JOHNDJR
STREETADDRESS	1025SWMARTINDOWNSBLVD.#205
CITY-ST-ZIP	PALMCITY,FL34990
TITLE	DV
NAME	SCHULER,JACKC.
STREETADDRESS	1025SWMARTINDOWNSBLVD.#205
CITY-ST-ZIP	PALMCITY,FL34990
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000595866
01/23/07-80056-017 150.00

DO NOT WRITE IN THIS SPACE

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 1/20/07
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#