

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90280 021 \*\*\*150.00

**DOCUMENT # F33254**

1. Entity Name  
**HARBOR ELECTRONICS OF FORT PIERCE, INC.**



Principal Place of Business  
**2303 N. FEDERAL HIGHWAY  
FT PIERCE, FL 34946**

Mailing Address  
**2303 N. FEDERAL HIGHWAY  
FT PIERCE, FL 34946**

**14011480**



2. Principal Place of Business  
**2743 SENECA AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 4071**  
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State  
**Ft. Pierce, FL**  
Zip  
**34946** Country  
**USA**

City & State  
**Ft. Pierce, FL**  
Zip  
**34948-4071** Country  
**USA**

4. FEI Number  
**59-2091644** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, PHYLLIS A  
2303 N. FEDERAL HIGHWAY  
FT PIERCE, FL 34946**

7. Name and Address of New Registered Agent

Name  
**ANN DAVIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**2743 SENECA AVE**  
City  
**FT. PIERCE** FL Zip Code  
**34946**

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 *Ann A. Davis* **ANN A. DAVIS, PRESIDENT** DATE **4/27/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, ANN	
STREET ADDRESS	2743 SENECA AVE	
CITY-ST-ZIP	FT PIERCE, FL 34946	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	WHITE, PHYLLIS	
STREET ADDRESS	2303 N FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT PIERCE, FL 34946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 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: *Ann A. Davis* **ANN A. DAVIS, PRES.** DATE **4/27/04** 772-464-6613  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR