

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # F98000000201

1. Entity Name

HARBOR CONTRACTING COMPANY, INC.



Principal Place of Business

3190 NORTHEAST EXPRESSWAY, SUITE 400
ATLANTA GA 30341

Mailing Address

3190 NORTHEAST EXPRESSWAY, SUITE 400
ATLANTA GA 30341



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2358408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 11

TITLE PD ☐ Delete
NAME TRAVIS, ALAN
STREET ADDRESS 3190 NORTHEAST EXPRESSWAY, SUITE 400
CITY-ST-ZIP ATLANTA GA 30341

TITLE ☐ Change ☐ Addition
NAME U00000874597
STREET ADDRESS 04/10/08-80126-013 150.00
CITY-ST-ZIP

TITLE VDT ☐ Delete
NAME KEEFE, FLEMING
STREET ADDRESS 3190 NORTHEAST EXPRESSWAY, SUITE 400
CITY-ST-ZIP ATLANTA GA 30341

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SC ☐ Delete
NAME BERKMAN, DAVID
STREET ADDRESS 3190 NORTHEAST EXPRESSWAY, SUITE 400
CITY-ST-ZIP ATLANTA GA 30341

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BERKMAN, STEVE
STREET ADDRESS 3190 NORTHEAST EXPRESSWAY, SUITE 400
CITY-ST-ZIP ATLANTA GA 30341

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

As President

3/27/08

770-455-6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed by