


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State
RECEIVED JAN 18 2005

DOCUMENT # F98000003957				
1. Entity Name HARBOR INVESTMENTS OF GEORGIA, INC.				
Principal Place of Business 3190 NORTHEAST EXPRESSWAY, STE. 400 ATLANTA GA 30341		Mailing Address 3190 NORTHEAST EXPRESSWAY, STE. 400 ATLANTA GA 30341		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/04)

4. FEI Number 58-2358404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CS	NAME BERKMAN, DAVID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 NORTHEAST EXPRESSWAY, STE. 400	CITY-ST-ZIP ATLANTA GA 30341	NAME	U00000256125 03/09/05-80002-010 150.00
TITLE PDT	NAME KEEFE, FLEMING	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 NORTHEAST EXPRESSWAY, STE. 400	CITY-ST-ZIP ATLANTA GA 30341	CITY-ST-ZIP	
TITLE VP	NAME ALAN, TRAVIS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 NE EXPRESSWAY	CITY-ST-ZIP ATLANTA GA 30341	CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:  **Alan J. Travis, As Vice President** 3/1/05 770-455-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #