

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # J44628**

1. Entity Name  
**HARBOR LANDSCAPE SERVICES, INC.**



**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90006 012 \*\*\*150.00

Principal Place of Business  
**P.O. BOX 990184  
NAPLES, FL 34116-6061 US**

Mailing Address  
**P.O. BOX 990184  
NAPLES, FL 34116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2741175**

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

**CHIN, MARK  
360 11TH ST SW  
NAPLES, FL 34116**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

**FL**

Zip Code

**34117**

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 signature required when reinstating)

DATE

**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 ☐ Delete  
NAME CHIN, MARK  
STREET ADDRESS 360 11TH ST SW  
CITY-ST-ZIP NAPLES, FL

TITLE CD ☐ Delete  
NAME CHIN, LLOYD V.  
STREET ADDRESS 4630 11TH AVE. SW  
CITY-ST-ZIP NAPLES, FL

TITLE VSD ☐ Delete  
NAME CHIN, VIRGINIA A.  
STREET ADDRESS 4630 11TH AVE. SW  
CITY-ST-ZIP NAPLES, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP, D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S, T, D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 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:** Virginia Chin Virginia Chin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2004 (239)455-1356  
Date Daytime Phone #