


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K19591					
1. Entity Name HARBUS INVESTORS, INC.					
Principal Place of Business % THOMAS A. JAMES 880 CARILLON PKWY. ST. PETERSBURG FL 33716			Mailing Address % THOMAS A. JAMES 880 CARILLON PKWY. ST. PETERSBURG FL 33716		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2876299	
				Applied For 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	
JAMES, THOMAS A. 880 CARILLON PKWY. ST. PETERSBURG FL 33716				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, THOMAS A.			NAME	
STREET ADDRESS	880 CARILLON PKWY			STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL			CITY- ST- ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTALDI, DAVID L.			NAME	
STREET ADDRESS	11 BELLINGHAM RD.			STREET ADDRESS	
CITY- ST- ZIP	CHESTNUT HILL MA			CITY- ST- ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, SHARRY			NAME	
STREET ADDRESS	880 CARILLON PKWY			STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL			CITY- ST- ZIP	
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELPLEY, LINDA			NAME	
STREET ADDRESS	880 CARILLON PKWY			STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTHE, BARRY			NAME	
STREET ADDRESS	2435 DIVISADERO ST.			STREET ADDRESS	
CITY- ST- ZIP	SAN FRANCISCO CA			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHELLGREN, PAUL			NAME	
STREET ADDRESS	121 STONEYBROOKE DR			STREET ADDRESS	
CITY- ST- ZIP	ASHLAND KY			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: <u>THOMAS A. JAMES, V.P.</u>				Date: <u>1/23/04</u> (727) 564-5001	



MOORE CR2E034 (11/03)