

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90056 035 \*\*\*150.00

**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**



02062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2876299**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JAMES, THOMAS A.  
880 CARILLON PKWY.  
ST. PETERSBURG, FL 33716**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
JAMES, THOMAS A.  
880 CARILLON PKWY  
ST. PETERSBURG, FL 33716**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
CASTALDI, DAVID L.  
11 BELLINGHAM RD.  
CHESTNUT HILL, MA 02467**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
NYP, CHRISTINE  
2679 SABAL SPRINGS CIRCLE  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BOOTHE, BARRY  
2435 DIVISADERO ST.  
SAN FRANCISCO, CA 94115**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CHELLGREN, PAUL  
817 SQUIRE LAKE RD  
VILLA HILLS, KY 41017**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
KAYLOR, SHARON  
1706 VIRGINIA AVE  
PALM HARBOR, FL 34683**

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

Date

727-567-5001

Daytime Phone #

Thomas A. James