

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82791

FILED
Apr 20, 2005
Secretary of State

Entity Name: HARBOUR GREEN, INC.

Current Principal Place of Business:

2203 N LOIS AVE
SUITE 937
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2203 N LOIS AVE
SUITE 937
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3018338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFILL, JOHN
3336 FOXRIDGE CIR
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTTE, MARSHA S.
Address: 5701 MARINER ST #506
City-St-Zip: TAMPA, FL 33609 34

Title: VPS () Delete
Name: COFFILL, JOHN
Address: 2203 N LOIS AVE #937
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: OTTE, CLAYTON
Address: 2203 N LOIS AVE #937
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: JOHNSON, JOYCE
Address: 2203 N LOIS AVE #937
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE JOHNSON

VP

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date