


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000001240	
1. Entity Name HARBORAGE, INC.	

Principal Place of Business 135 EAST 4TH STREET JACKSONVILLE, FL 32206	Mailing Address 135 EAST 4TH STREET JACKSONVILLE, FL 32206
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**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 33-1053077	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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

POSTELL, ROBERT  
135 EAST 4TH STREET  
JACKSONVILLE, FL 32206

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D POSTELL, ROBERT 135 EAST 4TH STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORSEY, VANESSA 1012 POLK CITY ROAD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMP HALL, JAMIE 421 NINA ROAD TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEARE, JAMES 241 "C" STREET LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, ROY 3927 CROSS CREEK TRAIL VALDOSTA, GA 31605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAREY, JACQUELINE 2242 PINE LANDING COURT TALLAHASSEE, FL 32312

000000337281  
04/27/05-80181-018 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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

04/25/05 904-334-0435  
Date Daytime Phone #