

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-03-2004 90007 020 ****61.25

DOCUMENT # N03000009819 1. Entity Name HARBOR HALL, INC.			
Principal Place of Business 1114 FLORIDA AVE, STE B PALM HARBOR, FL 34683		Mailing Address 1114 FLORIDA AVE, STE B PALM HARBOR, FL 34683	
2. Principal Place of Business 1190 Georgia Ave Suite, Apt. #, etc.		3. Mailing Address 1190 Georgia Ave Suite, Apt. #, etc.	
City & State Palm Harbor, FL Zip 34683 Country		City & State Palm Harbor, FL Zip 34683 Country	
4. FEI Number 59-3683895		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREIDINGER, TED L 1114 FLORIDA AVE, STE B PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Sheila J. Priest, Treasurer Street Address (P.O. Box Number is Not Acceptable) 1000 Omaha Street Palm Harbor City FL Zip Code 34683	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	DP HURT, DON T 1254 NEBRASKA AVE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DV WARMOUTH, RACHELLE 6 EAGLE DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T FREIDINGER, TED 1114B FLORIDA AVE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S MATTHEWS, ALDEN 1334 MICHIGAN AVE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Treasurer Sheila J. Priest 1000 Omaha Street Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Vice President Lesley Klein 1219 Florida Avenue Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: <i>Sheila J. Priest</i> Sheila J. Priest, Treasurer 7/29/04 727-743-1813 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			

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