2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009819

FILED Apr 30, 2008 Secretary of State

Entity Name: HARBOR HALL, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
	DRGIA AVE RBOR, FL 34683		
Current N	failing Address:	New Mailing Address:	
	DRGIA AVE RBOR, FL 34683		
FEI Number	: 59-3683895 FEI Number Applied Fo	r() FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:	
	SHEILA J AHA STREET RBOR, FL 34683 US		
	e named entity submits this statement i e of Florida.	or the purpose of changing its registered office or registered agent, or both,	
SIGNATUI	RE:		
	Electronic Signature of Registe	red Agent Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete WAZELLE, JAY 2295 TUSCANY TRACE #21 PALM HARBOR, FL 34683	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete KLEIN, LESLEY 1219 FLORIDA AVE PALM HARBOR, FL 34683	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	P () Delete MONTELARO, JAN 120 PENNSYLVANIA PALM HARBOR, FL 34683	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T () Delete PRIEST, SHEILA J 1000 OMAHA STREET PALM HARBOR, FL 34683	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address:	VP () Delete WARMOUTH, RACHELLE 6 EAGLE LANE	Title: VP (X) Change () Addition Name: GALLANT, BILL Address: 1003 FLORIDA AVENUE City St 7in: DALM HARBOR EL 24893	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA PRIEST 04/30/2008 Τ