

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005809

FILED
Jan 16, 2009
Secretary of State

Entity Name: HARBOR HOUSE GROUP, INC.

Current Principal Place of Business:

7801 N HILBURN RD.
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

7801 N HILBURN RD.
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3473830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEWART, JOE L
7801 N HILBURN RD.
PENSACOLA, FL 32514 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEWART, JOE L
Address: 7801 N HILBURN RD.
City-St-Zip: PENSACOLA, FL 32514 US

Title: D () Delete
Name: NOONE, EDWARD P
Address: 937 DENTON BLVD 62
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: SD () Delete
Name: TERRY-GAFFNEY, STEPHANIE
Address: 7836 HEIRLOOM DR.
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: LOWERY, WALTER O
Address: 4313 CARRIAGE LANE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: DAY, WILLIAM
Address: 2350 JOHN CARROLL DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: HAGLUND, PAUL
Address: 3996 BAYTOWN AVE. EAST
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: NOONE, EDWARD P
Address: 411 ADAM ST.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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 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: JOE L STEWART

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date