

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010464

Entity Name: HARBOR CREDIT, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3420 TAMIAMI TRAIL  
SUITE 3  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 496420  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

FEI Number: 65-0984151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHALIDI, NASIR  
3420 TAMIAMI TRAIL  
SUITE 3  
PORT CHARLOTTE, FL 33952 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  
Name: KHALIDI, NASIR  
Address: 3420 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: STD  
Name: KHALIDI, SAKINA  
Address: 2400 HARBOR BLVD SUITE 17  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: NASIR KHALIDI

PD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date