

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90015 005 ***550.00

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1. Entity Name
HARBOR BAY MARINE INDUSTRIES, INC.



Principal Place of Business
**1525 SE CAMBRIDGE DRIVE
PORT SAINT LUCIE, FL 34952 US**

Mailing Address
**1958 SE PT ST LUCIE BLVD
ST LUCIE, FL 34952**

50024196



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SZAFRANSKI, SCOTT A
1525 SE CAMBRIDGE DRIVE
ST LUCIE, FL 34952**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**P
SZAFRANSKI, SCOTT A
3001 SE DARIEN RD. 1525 S.E. Cambridge Dr.
PORT SAINT LUCIE, FL 34952 ← a.k.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEANGELIS, FRANK P
4086 SW MACKEMER RD.
PORT SAINT LUCIE, FL 34953**

Remove

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATTESON, MARC
6655 SE RAIN TREE AVE
STUART, FL 34997**

Remove

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

7-25-06
Date

774-485-2298
Daytime Phone #