


FILED

Apr 30, 2004 08:00 AM  
Secretary of State

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000025001

1. Entity Name  
HARBOR AMERICA FLORIDA INC.



Principal Place of Business: 1500 WEST ATLANTIC BLVD., STE. 209  
POMPANO BEACH, FL. 33069

Mailing Address: 1500 WEST ATLANTIC BLVD., STE. 209  
POMPANO BEACH, FL. 33069

DO NOT WRITE IN THIS SPACE



04292004 No Chg-F CR2E034 (10/03)

4. FEI Number: 65-1094753

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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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: \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when amending)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO RHODES, MARIA F 1500 WEST ATLANTIC BLVD., STE. 209 POMPANO BEACH, FL. 33069
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05/03/04-80013-021 150.00

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 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: Maria F Rhodes MARIA F. RHODES 4-29-04 954-946-2446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR