## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 10, 2005 8:00 am Secretary of State

DOCUMENT # P01000025001 02-10-2005 90048 049 \*\*\*150.00 HARBOR AMERICA FLORIDA INC. Principal Place of Business Mailing Address 1500 WEST ATLANTIC BLVD., STE. 209 1500 WEST ATLANTIC BLVJ., S. E. 209 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 1101. Chan relside DR 3. Mailing Address 21977 E. Wallis DR. Suite, Apt. #, etc. 02022005 Chg-P CR2E0: (10/03) ouite 286 4. FEI Number Applied For Tevas brter 65-1094753 Not Applicable 58.75 Additional u.s.A. 5. Certificate of Statu Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Addir. New Registered F ent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its register a J office or registered agent, or both, in Etc. (at each of Florida, I am f, milliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registers ant signature required a similarisation) DATE 9. Election Campaign First ring \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS DDITIONS/CHANCES TO OFFICERS AND DIRECTORS IN 11 10. PD Delete Addition TITLE PCEO RHODES, MARIA F HAL Douglas L. Lawery NAME 1500 WEST ATLANTIC BLVD., STE, 209 STREET ADDRESS Stři CRESS 2007 Golden Pond CITY-ST-ZIP POMPANO BEACH, FL 33069 .:2 Kingwood. T Addition Delete TITLE i., Terry L. With NAME ь. STREET ADDRESS Jin. FADORESS 25810 Haven Lake Drive \*.7IP CITY-ST-ZIP Tom ball, Texas 77375 Charms ☐ Delete TITLE NAME Dis. TRESS STREET ADDRESS 5% CITY-ST-ZIP \$117 TITLE ☐ Delete ☐ Change Addition MAME STREET ADDRESS \* AODRESS CITY-ST-ZIP - 7:P Cha-Addition TITLE Delete NAME STREET ADDRESS \* UDDRESS CITY-ST-ZIP TITLE ☐ Delete Chance ☐ Addition NAME STREET ADDRESS ADDRESS -2.0 CTTY-ST-71P with this filing does not qualify for a ort is true and accurate and that m 12. I hereby certify that the information tion stated in Sect 119.07(3)(i), Fir 🕾 tatutes. I further certify that the re shall have the same legal effect as and by Chapter 607, a urida Statutes; and to indicated on this rep of the corporation o under oath: that I a i an oil empowered to execute this report a ess, with all other like empowered. my name appears in Block 1., or Block 11 if changed, or on a 281-999-5544 SIGNATURE: AND TYPE OR PRINTED NAME OF SIGNING OFFICER OF