## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000042968

Title:

Name:

Address:

City-St-Zip:

FILED Mar 03, 2004 Secretary of State

D 0 0 0 10		10000 12000				ocorciary or or	uic
Entity Na	me: GRAND	HARBOR DOCKMASTER, I	NC:				
,		TI, IN BOTH BOOKIN, IOTER, I					
Current Principal Place of Business:				New Prince	ipal Place	of Business:	
2755 7TL	TERRACE #3	Ω1					
	ACH, FL 3296						
Current Mailing Address:				New Maili	ng Addres:	s:	
	TERRACE #3 ACH, FL 3296						
FEI Number:	: 65-1102204	FEI Number Applied For()	FEI Nur	nber Not App	licable ( )	Certificate of Status Desi	red (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	SCOTT TERRACE #3 ACH, FL 3296						
The above in the State	named entity of Florida.	submits this statement for th	ne purpose c	of changing i	ts registere	d office or registered agen	t, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financin	g Trust Fund Contribution ( ).	-				
	S AND DIREC	-		ADDITION	IS/CHANGI	ES TO OFFICERS AND D	IRECTORS:
Title:	PD (	) Delete		Title:	PD	(X) Change ( ) Addition	
Name:	HENN, PETER			Name:	RITCHEY, S		
Address:	3755 7TH TER			Address:		ERR, STE 301	
City-St-Zip:	VERO BEACH,	•		City-St-Zip:		CH, FL 32960	
Title:	D (	) Delete		Title:		( ) Change ( ) Addition	
Name:	STORETVEDT	•		Name:		( )	
Address:	3755 7TH TER			Address:			
City-St-Zip:	VERO BEACH,			City-St-Zip:			
Title:	S (	) Delete		Title:		( ) Change ( ) Addition	
Name:	NORTH, ANNA			Name:		- · · · · · · · · · · · · · · · · · · ·	
Address:	3755 7TH TER			Address:			
City-St-Zip:	VERO BEACH,			City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT RITCHEY P 03/03/2004

() Delete

MCLAIN, MARY

3755 7TH TERR, STE 301

VERO BEACH, FL 32960

() Change () Addition