


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91050 032 \*\*\*150.00

<b>DOCUMENT # P01000057258</b>	
1. Entity Name <b>HARBORVIEW REALTY, INC.</b>	

Principal Place of Business <b>219 S. COLLIER BOULEVARD MARCO ISLAND, FL 34146</b>	Mailing Address <b>POST OFFICE BOX 1459 MARCO ISLAND, FL 34146</b>
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**14008869**



2. Principal Place of Business <b>291 S. Collier Blvd.</b>	3. Mailing Address <b>PO Box 1459</b>
Suite, Apt. #, etc. <b>#103</b>	Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

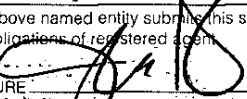
City & State <b>MARCO ISLAND, FL</b>	City & State <b>MARCO ISLAND, FL</b>
Zip <b>34145</b>	Zip <b>34146</b>
Country <b>Collier</b>	Country <b>Collier</b>

4. FEI Number <b>59-3730415</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

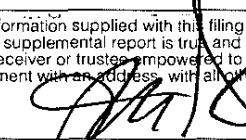
6. Name and Address of Current Registered Agent <b>MCGREGOR, JAMES 219 S. COLLIER BOULEVARD #103 MARCO ISLAND, FL 34145</b>	
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7. Name and Address of New Registered Agent Name <b>JAMES K. MCGREGOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>291 S. Collier Blvd.</b> <b>#103</b> City <b>MARCO ISLAND</b> FL Zip Code <b>34145</b>	
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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 <b>4/22/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCGREGOR, JAMES POST OFFICE BOX 1459 MARCO ISLAND, FL 34146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date <b>4/22/04</b> Daytime Phone # <b>239-642-9200</b>



14008869

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 16, 2004

HARBORVIEW REALTY, INC.  
POST OFFICE BOX 1459  
MARCO ISLAND, FL 34146

SUBJECT: HARBORVIEW REALTY, INC.  
Ref. Number: P01000057258

We have received your document for HARBORVIEW REALTY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M. Shivers  
Document Specialist

Letter Number: 804A00025148