


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P01000091040	
1. Entity Name HARBOUR VENTURES OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 504 TURTLE HATCH ROAD NAPLES, FL 34103	Mailing Address 504 TURTLE HATCH ROAD NAPLES, FL 34103
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04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3760500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, GARY K
5801 PELICAN BAY BOULEVARD
SUITE 300
NAPLES, FL 34108-2709

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000758105 05/23/07-80098-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITCHLEY, MALCOLM 504 TURTLE HATCH ROAD NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITCHLEY, CAROLE 504 TURTLE HATCH ROAD NAPLES, FL 34103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Carole A. Critchley 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #