

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037217

FILED
May 21, 2008
Secretary of State

Entity Name: HARBOR CUSTOM BUILDERS, INC.

Current Principal Place of Business:

18550 NALLE RD.
N. FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4488
N. FT. MYERS, FL 33918

New Mailing Address:

FEI Number: 03-0423907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIBBLE, RAYMOND F PRES.
18550 NALLE RD.
N. FT. MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIBBLE, RAYMOND F
Address: 1912 W. LAKEVIEW
City-St-Zip: FT. MYERS, FL 33903

Title: VP () Delete
Name: DIBBLE, BEVERLY A
Address: 1912 W. LAKEVIEW BLVD.
City-St-Zip: FT. MYERS, FL 33903

Title: VP () Delete
Name: HUTCHINSON, SAMANTHA
Address: P.O. BOX 4488
City-St-Zip: N. FT. MYERS, FL 33918

Title: VP () Delete
Name: PALLADINO, MICHELLE
Address: P.O. BOX 4488
City-St-Zip: N. FT. MYERS, FL 33918

Title: VP () Delete
Name: DIBBLE, ASHLEY
Address: P.O. BOX 4488
City-St-Zip: N. FT. MYERS, FL 33918

Title: VP () Delete
Name: MCKENZIE, JESSICA
Address: P.O. BOX 4488
City-St-Zip: N. FT. MYERS, FL 33918

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: BEVERLY DIBBLE

VP

05/21/2008

Electronic Signature of Signing Officer or Director

_____ Date