


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90476 036 \*\*\*150.00

<b>DOCUMENT # P02000102522</b> 1. Entity Name <b>HARBORSIDE CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>79 OVERBROOK BLVD. SUITE 5 LARGO, FL 33770</b>	Mailing Address <b>79 OVERBROOK BLVD. SUITE 5 LARGO, FL 33770</b>
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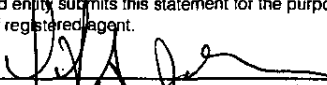
04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3872964</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KOLBERT, AMY JOHN. DAVID A 10225 ULMERTON RD., SUITE 300 79 OVERBROOK BLVD. LARGO, FL 33774 SUITE 5 LARGO, FL 33770</b>	<b>DO NOT WRITE IN THIS SPACE</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  **DAVID A. JOHN** DATE **4-27-04**

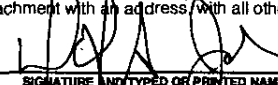
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN, DAVID A 348 SHIRLEY BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WETHERINGTON, DONALD D JR 2400 FLINTLOCK DRIVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **DAVID A. JOHN** DATE **4-27-04** DAYTIME PHONE # **727-585-9076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR