

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000081293

1. Entity Name
HARBOR LOUNGE ENTERPRISES, INC.



Principal Place of Business
**840 CLEVELAND STREET
CLEARWATER, FL 34618**

Mailing Address
**5200 CENTRAL AVE
ST PETERSBURG, FL 33707**



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0078568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, W.M.
WMA, 778 MONTE CRISTO
ST PETERSBURG, FL 33715**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERSON, WILLIAM M
STREET ADDRESS	778 MONTE CRISTO BLVD
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	S
NAME	ANDERSON, PATRICIA
STREET ADDRESS	378 MONTE CRISTO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	VP
NAME	ANDERSON, BARBARA
STREET ADDRESS	778 MONTE CRISTO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000572860
08/01/06-80002-016 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia Anderson 7-26-06 (727) 4474259