

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90025 019 ***150.00

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1. Entity Name

HARBOR LOUNGE ENTERPRISES, INC.



Principal Place of Business

840 CLEVELAND STREET
CLEARWATER FL 33755

Mailing Address

5200 CENTRAL AVE
ST PETERSBURG FL 33707

Change Address

2. Principal Place of Business - No P.O. Box #

Same As Above

3. Mailing Address

840 Cleveland Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater Florida

Zip

Country

33755

Pineellas

4. FEI Number

26-0078568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

ANDERSON, PATRICIA
840 CLEVELAND ST
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ANDERSON, WILLIAM M
STREET ADDRESS 778 MONTE CRISTO BLVD
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE S ☐ Delete
NAME ANDERSON, PATRICIA
STREET ADDRESS ~~778 MONTE CRISTO~~ *Address Change*
CITY-ST-ZIP ~~SAINT PETERSBURG FL 33715~~

TITLE VP ☒ Delete
NAME ANDERSON, BARBARA
STREET ADDRESS 778 MONTE CRISTO
CITY-ST-ZIP SAINT PETERSBURG FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Treasurer ☐ Change ☒ Addition
NAME Elizabeth Anderson
STREET ADDRESS 3043 50th St. South
CITY-ST-ZIP Gulfport, Florida 33707

TITLE Secretary ☒ Change ☐ Addition
NAME Patricia Anderson-Lux
STREET ADDRESS 1509 SAN MATEO Drive
CITY-ST-ZIP Dunedin, Florida 34698

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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-Lux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

727-447-4259

Daytime Phone