

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90198 006 \*\*\*150.00

DOCUMENT # P03000110336



1. Entity Name  
HARBOUR TOWN REALTY & INVESTMENTS, INC.

Principal Place of Business  
901 E. NEW HAVEN  
SUITE 206  
MELBOURNE, FL 32901

Mailing Address  
1801 ISLAND CLUB DR  
# 87  
INDIALANTIC, FL 32903

2. Principal Place of Business - No P.O. Box #  
1801 ISLAND CLUB DR

3. Mailing Address

Suite, Apt. #, etc.  
#87

Suite, Apt. #, etc.

City & State

City & State

INDIALANTIC, FL

4. FEI Number  
02-0709341

Applied For  
Not Applicable

Zip  
32903

Country  
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUKEMAN, NANCY  
1801 ISLAND CLUB DR  
# 87  
INDIALANTIC, FL 32903

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DUKEMAN, NANCY  
1801 ISLAND CLUB DR # 87  
INDIALANTIC, FL 32903 ☐ Delete

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

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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: *Nancy Dukeman* NANCY DUKEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08

321 477-8152

Daytime Phone #

Department of the Treasury  
Internal Revenue Service  
ACS SUPPORT  
PO BOX 57  
BENSALEM, PA 19020-0057

ATTACHMENT 60034171

SBM

#P03000110336

Date: JAN. 24, 2008

Form 941

Taxpayer Identifying Number:  
6533531402 A 00

3/31/07

Contact Telephone Number:

TOLL FREE: 1-800-829-3903

BEST TIME TO CALL:

MON - FRI 8:00 AM TO 8:00 PM

ASISTENCIA EN ESPANOL 1-800-829-3903

HARBOUR TOWN REALTY & INVESTMENTS  
INC  
22 DUNHAM ST  
MELBOURNE FL 32901



003229

### Mail Us Your Overdue Tax Returns

We have no record of receiving a response to our previous requests for your overdue tax return(s). The tax period(s) in question are listed on the back of this letter.

If we don't receive the return(s) within 10 days from the date of this letter, we may determine that you are refusing to comply with the law. A taxpayer who intentionally doesn't file a return can be charged fines and criminal penalties.

In addition, as allowed under Internal Revenue Code Section 6020(b), we will prepare your employment, excise, or partnership returns based on available information such as the last return(s) you filed. We will figure your tax and send you a bill for that tax, plus interest and penalty charges. This won't be to your advantage.

Send us the required tax return(s) along with the enclosed return cover sheet in the envelope provided. If you need more forms or have any questions, please call us immediately at the telephone number shown above. Keep this letter for your records.

*Mary Hannah*

Enclosures:  
Return Cover Sheet  
Envelope

Operations Manager, Automated Collection System



\*020709341223\*

ATTACHMENT 60634171

#P63000110336

Form **941 for 2007: Employer's QUARTERLY Federal Tax Return**

970107

(Rev. January 2007)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

(EIN)

Employer identification number 02-0709341Name (not your trade name) HARBOR TOWN REALTY &Trade name (if any) INVESTMENTS, INC.Address 818 E NEW HAVEN AVE SUITE 2MELBOURNE, FL 32901

Report for this Quarter of 2007 (Check one)

☒ 1: January, February, March☐ 2: April, May, June☐ 3: July, August, September☐ 4: October, November, December**Part 1: Answer these questions for this quarter.****1** Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) . . .**1** 0**2** Wages, tips, and other compensation . . . . .**2** 0.00**3** Total income tax withheld from wages, tips, and other compensation . . . . .**3** **4** If no wages, tips, and other compensation are subject to social security or Medicare tax . . .☐ Check and go to line 6.**5** Taxable social security and Medicare wages and tips:

Column 1

Column 2

**5a** Taxable social security wages

x .124 =

**5b** Taxable social security tips

x .124 =

**5c** Taxable Medicare wages & tips

x .029 =

**5d** Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) . . . . .**5d** **6** Total taxes before adjustments (lines 3 + 5d = 6) . . . . .**6** **7** Tax adjustments (Read instructions for line 7 before completing lines 7a through 7h.):**7a** Current quarter's fractions of cents . . . . .**7b** Current quarter's sick pay . . . . .**7c** Current quarter's adjustments for tips and group-term life insurance**7d** Current year's income tax withholding (attach Form 941c) . . . . .**7e** Prior quarters' social security and Medicare taxes (attach Form 941c)**7f** Special additions to federal income tax (attach Form 941c) . . . . .**7g** Special additions to social security and Medicare (attach Form 941c)**7h** TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) . . . . .**7h** **8** Total taxes after adjustments (Combine lines 6 and 7h.) . . . . .**8** **9** Advance earned income credit (EIC) payments made to employees . . . . .**9** **10** Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) . . . . .**10** 0.00**11** Total deposits for this quarter, including overpayment applied from a prior quarter . . . . .**11** **12** Balance due (If line 10 is more than line 11, enter the difference here.) . . . . .**12** 

Follow the instructions for Form 941-V, Payment Voucher.

**13** Overpayment (If line 11 is more than line 10, enter the difference here.) . . . . .

Check one

☐

Apply to next return.

☐

Send a refund.

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. DXA Form **941** (Rev. 1-2007)

ATTACHMENT 10034171

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970207

Form 941 (Rev. 1-2007) Page 2

Name (not your trade name)

HARBOR TOWN REALTY &amp;

Employer identification number

02-0709341

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 ☐ Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.15 Check one: ☒ Line 10 is less than \$2,500. Go to Part 3.☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**16 If your business has closed or you stopped paying wages ..... ☒ Check here, and

enter the final date you paid wages

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year ..... ☐ Check here.**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☐ Yes. Designee's name

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

☒ No.**Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign your name here

Nancy Dukeman

Print your name here

NANCY DUKEMAN

Print your title here

PRESIDENT

Date

Best daytime phone

(321) 723-4433

**Part 6: For paid preparers only (optional)**

Paid Preparer's Signature

Margaret M. Winschel

MARGARET M. WINSCHER

Firm's name

PROACCT TAX SERVICES, INC

Address

1918 DAIRY ROAD

EIN

20-4858576

WEST MELBOURNE FL

ZIP code

32904

Date

3/15/08

Phone

(321) 674-8972

SSN/PTIN

P00647298

☐ Check if you are self-employed