

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90076 042 \*\*\*150.00

<b>DOCUMENT # P04000059718</b> 1. Entity Name <b>THE HARBOR AGENCY, INC.</b>					
Principal Place of Business <b>2960 MICHIGAN STREET MELBOURNE, FL 32904</b>			Mailing Address <b>2960 MICHIGAN STREET MELBOURNE, FL 32904</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		06302005 Chg-P		CR2E034 (10/03)	
4. FEI Number <b>04-3807214</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARLEO, RANDY 2960 MICHIGAN STREET MELBOURNE, FL 32904</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARLEO, RANDY		NAME		
STREET ADDRESS	2960 MICHIGAN STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Courtney ARLEO</i>		NAME		
STREET ADDRESS	<i>2960 Michigan Street</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>MELBOURNE, FL 32904</i>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 life empowered.					
<b>SIGNATURE:</b> <i>Randy Arleo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>June 30, 2005</i> <b>321-725-6607</b> <small>Date Daytime Phone #</small>		