
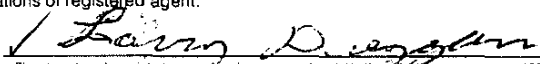


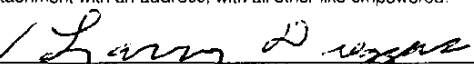
# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90140 028 \*\*\*150.00

DOCUMENT # P04000137910			
1. Entity Name HARBOR COATS INC.			
Principal Place of Business <del>530 PEEPLES RD =</del> <del>YULEE, FL 32097 =</del>		Mailing Address <del>=530 PEEPLES RD.</del> <del>YULEE, FL 32097=</del>	
2. Principal Place of Business - No P.O. Box # 86312 Peeples Road		3. Mailing Address P. O. Box 15040	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Yulee, FL		City & State FERNANDINA BEACH, FL	
Zip 32097	Country USA	Zip 32035	Country USA
6. Name and Address of Current Registered Agent  DREGGORS, LARRY <del>530 PEEPLES RD =</del> <del>YULEE, FL 32097 =</del>  Address change ONLY!!		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 86312 Peeples Road City Yulee FL Zip Code 32097	
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) Larry Dreggors			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DREGGORS, LARRY <del>530 PEEPLES RD =</del> <del>YULEE, FL 32097 =</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address only 86312 Peeples Road Yulee, FL 32097 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Larry Dreggors, President  
Feb. 2007 (904) 982-5659  
Date Daytime Phone #