

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151027

Entity Name: HARBORVIEW MANAGEMENT, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

543 HARBOR BLVD, #501
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

543 HARBOR BLVD, #501
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 30-0288218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRIS CADENHEAD PA
543 HARBOR BLVD, #501
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CADENHEAD, CHRIS E
Address: 543 HARBOR BLVD, #501
City-St-Zip: DESTIN, FL 32541 US

Title: VP () Delete
Name: DAWSON, GAIL
Address: 543 HARBOR BLVD #541
City-St-Zip: DESTIN, FL 32541 US

Title: VP () Delete
Name: CADENHEAD, SKYLER
Address: 543 HARBOR BLVD #541
City-St-Zip: DESTIN, FL 32541 US

Title: VP () Delete
Name: CADENHEAD, CHRISTEN
Address: 543 HARBOR BLVD #541
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL DAWSON

VP

04/27/2007

Electronic Signature of Signing Officer or Director

Date