2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # P05000056792 1. Entity Name SOUTH HARBOR SUPPLY COMPANY						02-27-2006	5 90054 ()38 ***15	50.00
Principal Place of Business PO BOX 1516 PAINESVILLE, OH 44077		Mailing Address PO BOX 1516 PAINESVILLE, OH 4407	7			2 18 2 211 28 11 28 11 48 11	i esie: Suie Si		INNS 11 INNI
2. Principal Place of Business 1439 Northeast Highway 349		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02	112006	Chg-P	CR2E0	34 (11/05)	
City & State Old Town, FL		City & State		4. 9	El Number	57-1211	158		plied For t Applicable
2ip 324	Country Zip Co		Country	<u> </u>		f Status Desired		\$8.75 Addi Fee Required	
	6 Name and Address of Current	Kegistered Agent	Name	7. 1	Name and A	ddress of New R	egistered /	Agent	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				Street Address (P.O. Box Number is Not Acceptable)					
T ALIN DE	tori shirbeno, re 33470		City					Zip Code	
A 71 1		·				·····	FL		
the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office o	r registered ag	ent, or both,	, in the State of Flo	rida. I am I	amiliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. [NOTE: F	Togislered Agent signa	ture required when is	nataling)		DATE	<u> </u>	
, ., .,; .							<u></u>		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 M Added to B	1ay Be Fees			, <u>-</u> -	,
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	IN 11
TITLE NAME	D BABB, STEVEN A	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	PO BOX 1516		NAME STREET ADDRESS						
CITY-ST-ZIP	PAINESVILLE, OH 44077		CITY-\$1-ZIP						
TIFLE	D	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	DOWELL, KENNER H PO BOX 1516		NAME						
CITY-ST-ZIP	PAINESVILLE, OH 44077		STREET ADDRESS CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	-				☐ Change	Maddition .
NAME	VALE L, TERRY L	 -	NAME		-				CT Vadition
STREET ADDRESS City-St-Zip	PO BOX 1516 PAINESVILLE, OH 44077		STREET ADDRESS CITY-ST-ZIP						
TITLE	FARESVILLE, OH 44077	☐ Delete	TITLE	ļ <u></u>				<u></u>	
NAME		C Deserte	NAME					Change	Addition Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE			TITLE					Change	☐ Addition
		☐ Delete							
NAME STREET ADDRESS			NAME STREET ADDRESS						
NAME		Delete	NAME			~. 		·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE- Lift - Lift			NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE- UP TO SERVICE STREET NAME		44.21 L	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			·		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE- Lift - Lift		44.21 L	NAME STREET ADDRESS CITY-ST-ZIP		+			Change	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: X

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

440 352-8414

Daylime Phone #