

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000056792

1. Entity Name  
SOUTH HARBOR SUPPLY COMPANY



Principal Place of Business  
1439 N.E. HWY 344  
OLD TOWN, FL 32680

Mailing Address  
P.O. BOX 1516  
PAINESVILLE, OH 44077

**DO NOT WRITE IN THIS SPACE**

02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1211758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABBI, STEVEN A PO BOX 1518 PAINESVILLE, OH 44077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWELL, KENNER H PO BOX 1516 PAINESVILLE, OH 44077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALE L, TERRY L PO BOX 1516 PAINESVILLE, OH 44077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000D663568  
03/22/07-80009-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*John H. P. Nemec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 440 352-8444  
Date Daytime Phone #