

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076634

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORTH STAR HARBOR CO.

Current Principal Place of Business:

FORT GEORGE ROAD
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

FORT GEORGE ROAD
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 26-0523513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEACHES ACCOUNTING & AUDITING
460 STURDIVANT AVE
SUITE 462
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

BEACHES ACCOUNTING & AUDITING
24 CILEWOOD
JACKSONVILLE BEACH, FL 32250 US

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

04/14/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REGISTER, GEORGE
Address: FORT GEORGE ROAD
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: VP () Delete
Name: BRIDGE, SCOTT
Address: 563 SELVA LAKES CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: SEC () Delete
Name: REGISTER, DEBRA
Address: FORT GEORGE ROAD
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: TRE () Delete
Name: BRIDGE, SCOTT
Address: 563 SELVA LAKES CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRIDGE, SCOTT
Address: 2043 DUNA VISTA CT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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

Title: TRE (X) Change () Addition
Name: BRIDGE, SCOTT
Address: 2043 DUNA VISTA CT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: SCOTT BRIDGE

Electronic Signature of Signing Officer or Director

VP

04/14/2009

Date