## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000076634

Entity Name: NORTH STAR HARBOR CO.

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** FORT GEORGE ROAD JACKSONVILLE, FL 32226 US **Current Mailing Address: New Mailing Address:** FORT GEORGE ROAD JACKSONVILLE, FL 32226 US FEI Number: 26-0523513 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEACHES ACCOUNTING & AUDITING BEACHES ACCOUNTING & AUDITING 460 STURDIVANT AVE 24 CILEWOOD JACKSONVILLE BEACH, FL 32250 SUITE 462 ATLANTIC BEACH, FL 32233 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: 04/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition REGISTER, GEORGE Name: Name: FORT GEORGE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: VΡ Title: Title: ( ) Delete (X) Change ( ) Addition Name: BRIDGE, SCOTT Name: BRIDGE, SCOTT 563 SELVA LAKES CIRCLE 2043 DUNA VISTA CT Address: Address: ATLANTIC BEACH, FL 32233 US ATLANTIC BEACH, FL 32233 US City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition REGISTER, DEBRA Name: Name: FORT GEORGE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: Title: TRE ( ) Delete Title: TRE (X) Change ( ) Addition BRIDGE, SCOTT BRIDGE, SCOTT Name: Name: Address: 563 SELVA LAKES CIRCLE Address: 2043 DUNA VISTA CT City-St-Zip: City-St-Zip: ATLANTIC BEACH, FL 32233 US 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 VP 04/14/2009