

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/ FILED
Jun 16, 2008 8:00 am
Secretary of State

04-28-2008 90382 011 ***150.00

DOCUMENT # P07000081068 1. Entity Name HARBORDALE RECORDS INC					
Principal Place of Business 1226 19TH AVE SO ST PETERSBURG, FL 33705			Mailing Address 1226 19TH AVE SO ST PETERSBURG, FL 33705		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CROMPTON, CARLOS 1226 19TH AVE SO ST PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Carlos Crompton</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-25-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROMPTON, CARLOS <input type="checkbox"/> Delete 4240 14TH AVE SO ST PETERSBURG, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Carlos Crompton</u> <u>Carlos Crompton</u> 4-25-08 727-365-5303 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66014294



01032008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0536632 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

ATTACHMENT



66014294

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2008

HARBORDALE RECORDS INC
1226 19TH AVE SO
ST PETERSBURG, FL 33705

I received this
5-21-08, not
5-12-08

Subject: HARBORDALE RECORDS INC

Reference Number: P07000081068

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please contact the Division of Corporations at 850-245-6056 and answered in the order it is received.

/NP
ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, FL

To whom it may concern,
I filled in Block 4
with my E.I.N.
number, which I was
told was the same
thing as a F.E.I.
number. Thanks in
advance. Please call if there
are any problems.