

2007 FOR PROFIT CORPORATION  
2007 ANNUAL REPORT

DOCUMENT # P10991

1. Entity Name  
HARBOR CASUALS, INC.



**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
224 SOUTH OCEAN BLVD  
MANALA PAN, FL 33462

Mailing Address  
224 SOUTH OCEAN BLVD  
MANALA PAN, FL 33462



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
39-1237948

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PEHLE, EVA  
1820 E TERRA AMR DR  
POMPANO BEACH, FL 33062

**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

000000577109  
03/30/07-80092-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	PEHLE, EVA
STREET ADDRESS	1820 E TERRA MAR DR
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	P
NAME	PEHLE, EVA
STREET ADDRESS	1820 E TERRA MAR DR
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	V
NAME	PEHLE-SPILLER, AUDREY
STREET ADDRESS	6414 MALLARDS LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*E. M. Pehle Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2007 561-493-4515  
Date Daytime Phone #