2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P32630

1. Entity Name
HARBOR TOURS, INC.

Principal Place of Business	Mailing Address
1402 E LAS OLAS BLVD SUITE 1029 FT LAUDERDALE, FL 33301	PO BOX 522 ATTN: KATHY DAVIS FT LAUDERDALE, FL 33302

03032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
54-1046473
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNOR, DANIEL P ESQ
200 E LAS OLAS BLVD
SUITE 1900
FORT LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JORDAN, STEPHEN R
STREET ADDRESS	2200 S OCEAN LANE #1210
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VP
NAME	JOHNSON, MARK S.
STREET ADDRESS	118 RIVERVIEW AVENUE
CITY-ST-ZIP	PORTSMOUTH, VA 23704
TITLE	ST
NAME	JORDAN, DAVID S.
STREET ADDRESS	1034 NAVEL AVENUE
CITY-ST-ZIP	PORTSMOUTH, VA 23704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/05-80060-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephen R Jordan President 3/30/05 954-768-9920 609-4735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #