


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90027 003 ***150.00

DOCUMENT # P94000068439 1. Entity Name SHELTERED HARBOR CORPORATION	
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Principal Place of Business 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32444 US	Mailing Address 1407 1/2 JUNE AVENUE B PANAMA CITY, FL 32401-2037 US
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40012874



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3270377	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRIGMAN, M. P. 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL 32402

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCARPA, J. R. 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BRIGMAN, M. P. 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HODGES, L. J. 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HADLEY, R F 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL
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: M P Brigman 1-7-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #