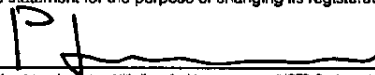
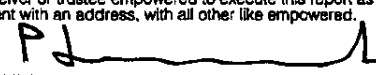


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 025 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000069550			
1. Entity Name HARBOR TITLE & ESCROW COMPANY			
Principal Place of Business 3755 7TH TERR STE 301 VERO BEACH, FL 32960 US		Mailing Address 3755 7TH TERR STE 301 VERO BEACH, FL 32960 US	
2. Principal Place of Business 22773 S. PONDEROSA DRIVE Suite, Apt. #, etc.		3. Mailing Address 22773 S. PONDEROSA DRIVE Suite, Apt. #, etc.	
City & State Boca Raton, FLA		City & State Boca Raton, FLA	
Zip 33428	Country USA	Zip 33428	Country USA
4. FEI Number 65-0520998		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDERS, DENIELLE M 3755 7TH TERRACE SUITE 301 VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name PETER J. HENN Street Address (P.O. Box Number is Not Acceptable) 22773 S. PONDEROSA DRIVE City BOCA RATON 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  PETER J. HENN DATE 4/26/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE PSD NAME LANDERS, DENIELLE M STREET ADDRESS 3755 7TH TERR STE 301 CITY-ST-ZIP VERO BEACH, FL 32960 ☒ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/D NAME PETER J. HENN STREET ADDRESS 22773 S. PONDEROSA DRIVE CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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:  PETER J. HENN, P/A		4/26/04 561-451-8370	