


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 044 ***150.00

DOCUMENT # P95000019929 1. Entity Name SAFE HARBOR PROPERTY MANAGEMENT, INC.					
Principal Place of Business 233 N COLLIER BLVD. MARCO ISLAND, FL 34145 US			Mailing Address P.O. BOX 285 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business <i>601 Elkcam Circle</i>		3. Mailing Address			
Suite, Apt. #, etc. <i>B-16</i>		Suite, Apt. #, etc.			
City & State <i>Marco Island, FL</i>		City & State			
Zip <i>34145</i>		Country <i>Collier</i>		4. FEI Number 65-0566311	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WILL, BRADLEY L 565 MONTICELLO AVENUE MONTICELLO, FL 32344					
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 <i>Bradley Will</i> Bradley Will Agent 4-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 WILL, JEFFREY J 821 MANOR TERRACE MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Jeffrey Will</i> Pres.			4/30/06 239-394-1101		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		