

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90074 006 ***150.00

DOCUMENT # P95000030518

1. Entity Name

HARBOR WEAR OF AMELIA ISLAND, INC.



Principal Place of Business

309 CENTRE STREET
FERNANDINA BEACH FL 32034

Mailing Address

309 CENTRE STREET
FERNANDINA BEACH FL 32034

2. Principal Place of Business

212 Centre St
Suite, Apt. #, etc.

3. Mailing Address

212 Centre St
Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

Massa

Zip

32034

Country

Massa

4. FEI Number

59-3303420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, LISA M
212-309 CENTRE STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name
Lisa M. Morrison ONLY

Street Address (P.O. Box Number is Not Acceptable)

212 Centre St

City

Fernandina Beach FL

Zip Code

32034

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

Lisa M. Morrison

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MORRISON, LISA M
PO BOX 1098
FERNANDINA BCH FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MABE
E, JAMES D
12060 COUNTRY CLUB DR
CHARLEVOIX MI 49720

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MABEE, JAMES R
00549 LAKESHORE DR
CHARLEVOIX MI 49720

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

Lisa M. Morrison Lisa M. Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-04 (90A) 321-0061

Daytime Phone #