


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000030518

1. Entity Name
HARBOR WEAR OF AMELIA ISLAND, INC.



Principal Place of Business
212 CENTRE ST.
FERNANDINA BEACH, FL 32034

Mailing Address
212 CENTRE ST.
FERNANDINA BEACH, FL 32034



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 CENTRE ST.
FERNANDINA BEACH, FL 32034

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 Lisa M. Morrison DATE 2-11-05

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 NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, LISA M PO BOX 1098 FERNANDINA BCH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MABE E, JAMES D 12060 COUNTRY CLUB DR CHARLEVOIX, MI 49720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABEE, JAMES R 00549 LAKESHORE DR CHARLEVOIX, MI 49720
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02/15/05-80011-017 150.00

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 2-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(904)321-0061