



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
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**



01192008 No Chg-P CR2E034 (11/05)

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**

8. 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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRISON, LISA M
STREET ADDRESS	PO BOX 1098
CITY-ST-ZIP	FERNANDINA BCH, FL 32034
TITLE	MABE
NAME	E, JAMES D
STREET ADDRESS	12060 COUNTRY CLUB DR
CITY-ST-ZIP	CHARLEVOIX, MI 49720
TITLE	V
NAME	MORRISON, JR, THOMAS E
STREET ADDRESS	P.O. BOX 1098
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000863665
04/03/09-20101-009 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08 (904) 321-0061

Date

Daytime Phone #