


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000049608</b> 1. Entity Name HARBOUR BAY FURNITURE CO.	
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Principal Place of Business 3770 S.E. OCEAN BOULEVARD STUART, FL 34996	Mailing Address 3770 SE OCEAN BLVD STUART, FL 34996 US
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0592653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CAIN, LAWRENCE 3770 SE OCEAN BLVD STUART, FL 34996
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**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, last name, first name of registered agent or title, last name, first name of registered agent or title, and date

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT CAIN, LAWRENCE 184 NE EDGEWATER DR #1205 STUART, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS CAIN, VIRGINIA 184 NE EDGEWATER DR #1205 STUART, FL
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01/18/08-80003-023 150.00

**DO NOT WRITE  
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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 of this report, or on an attachment with an address, with all other life empowered.

SIGNATURE: *Lawrence Cain* **1-15-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date