

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000062666 1. Entity Name HARBOR HILLS SALES, INC.					
Principal Place of Business Mailing Address 6538 LAKE GRIFFIN ROAD 6538 LAKE GRIFFIN ROAD LADY LAKE, FL 32659 LADY LAKE, FL 32659					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State		City & State			
Zip		Country		04292005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3343340				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITCHEY, STEVEN J P.A. 1009 NORTH 14TH STREET LEESBURG, FL 34748				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: _____ <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, 2005 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOREMAN, ALAN S		NAME		
STREET ADDRESS	55 WHITNEY AVE., 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW HAVEN, CT 06510		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICH, MICHAEL A		NAME		
STREET ADDRESS	6538 LAKE GRIFFIN RD.		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, LU ANN		NAME		
STREET ADDRESS	6538 LAKE GRIFFIN RD.		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWENSEN, DAVID F		NAME		
STREET ADDRESS	55 WHITNEY AVE., 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW HAVEN, CT 06510		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		