

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000062666

1. Entity Name  
HARBOR HILLS SALES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 22 PM 3:03

Principal Place of Business  
6538 LAKE GRIFFIN ROAD  
LADY LAKE, FL 32659

Mailing Address  
6538 LAKE GRIFFIN ROAD  
LADY LAKE, FL 32659



02282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3343340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITCHEY, STEVEN J P.A.  
1009 NORTH 14TH STREET  
LEESBURG, FL 34748

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FOREMAN, ALAN S  
STREET ADDRESS 55 WHITNEY AVE., 5TH FLOOR  
CITY-ST-ZIP NEW HAVEN, CT 06510

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME RICH, MICHAEL A  
STREET ADDRESS 6538 LAKE GRIFFIN RD.  
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MILLER, LU ANN  
STREET ADDRESS 6538 LAKE GRIFFIN RD.  
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SWENSEN, DAVID F  
STREET ADDRESS 55 WHITNEY AVE., 5TH FLOOR  
CITY-ST-ZIP NEW HAVEN, CT 06510

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

3/03/06