

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222008 Chg-P CR2E034 (12/06)

DOCUMENT # P95000062666 1. Entity Name HARBOR HILLS SALES, INC.					
Principal Place of Business 6538 LAKE GRIFFIN ROAD LADY LAKE, FL 32659			Mailing Address 6538 LAKE GRIFFIN ROAD LADY LAKE, FL 32659		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3343340 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FOREMAN, ALAN S 55 WHITNEY AVE., 5TH FLOOR NEW HAVEN, CT 06510	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Foreman, Alan S. 55 Whitney Ave. 5th Floor New Haven, CT 06510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICH, MICHAEL A 6538 LAKE GRIFFIN RD. LADY LAKE, FL 32159	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, LU ANN 6538 LAKE GRIFFIN RD. LADY LAKE, FL 32159	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800129595343 05/15/08--01020--019 **800.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWENSEN, DAVID F 55 WHITNEY AVE., 5TH FLOOR NEW HAVEN, CT 06510	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-08 352.753.7000 <small>Date Daytime Phone #</small>		

KS