2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9600006768 1. Entity Name HARBOR ELECTRIC SUPPLY, INC.								Feb 28, 2004 08:00 AM Secretary of State	
Principal Place of Business 631 WEST US 98 APALACHICOLA FL 32320 US			P.O 8	Mailing Address P.O BOX 39 APALACHICOLA FL 32329 US					
2. Principal Place of Business				3. Mailing Address			7		
Suite, Apt #, etc.			Suit	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)	
City & State				City & State			4.	FEI Number 59-3356276 Applied For Not Applicable	
Zip Country		Zip			dry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current R				ed Agent	7. Name and Address of New Registered Agent Name				
ELKINS, CHARLS E 110 GULF PINES DR PORT SAINT JOE FL 32456			56			Street Address (P.O. Box Number is Not Acceptable)			
						City		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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Charles SUCCESSION Support or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	s	OFFICE	RS AND DIRECTO	·	11. Bili		2A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	WELLS, LL 307 NAUTI PORT ST J		☐ Delete	E Et aodress - SJ- Zip	□ Change □ Addition UU0000071098 U3/01/04-80057-013 150.00				
NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					£ .	☐ Change ☐ Addition		
NAME ELKINS, CHARLES E STREET ADDRESS 130 GULF PINES DR CITY-ST-ZIP PORT ST JOE FL				.		1		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELKINS, LI 130 GULF PORT ST J	PINES DR		☐ Dejete		3		☐ Change ☐ Addition	
TIPLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			* - 47	☐ Delete	CITY	ET ADORESS - ST- 23P		☐ Change ☐ Addition	
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: SIGNATURE: SIGNATURE:									
SIGNATURE: 2-26-64 \$50-653-5232 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylung Phone #									

FILED