

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90109 035 ***150.00

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1. Entity Name

HARBOR TOWN BOAT YARD HOLDINGS, INC.



Principal Place of Business

1936 HARBORTOWN DR.
FT. PIERCE FL 34946

Mailing Address

1936 HARBORTOWN DRIVE
FT. PIERCE FL 34946
US

20033316



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

850 66th Ave.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 690067
Suite, Apt. #, etc.

City & State

Vero Beach FL 32966

City & State

Vero Beach FL

4. FEI Number

65-0744220

Applied For

Not Applicable

Zip

Country

USA

Zip

32969-0067

Country

USA

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

HEFFLEBOWER, DAVID L
1936 HARBORTOWN DRIVE
FT. PIERCE FL 34946

850 66th Ave.
Vero Beach, FL
32966

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HEFFLEBOWER, DAVID L
STREET ADDRESS 1936 HARBORTOWN DRIVE
CITY-ST-ZIP FT. PIERCE FL 34946

TITLE VD ☐ Delete
NAME HEFFLEBOWER, BARBARA
STREET ADDRESS 1936 HARBORTOWN DRIVE
CITY-ST-ZIP FT. PIERCE FL 34946

TITLE STD ☐ Delete
NAME CHINUPA, JAN
STREET ADDRESS 1936 HARBORTOWN DRIVE
CITY-ST-ZIP FT. PIERCE FL 34946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 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:

David L. Hefflebower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-505