

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90017 001 ***158.75
01-20-2004 90017 002 ****17.50

DOCUMENT # P96000084309

1. Entity Name
HARBCO INTERNATIONAL, INC.



Principal Place of Business
**3700 34TH STREET
ORLANDO, FL 32805**

Mailing Address
**3700 34TH STREET
ORLANDO, FL 32805**

bb400133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3409747

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SASSO, MICHAEL C ESQ
C/O DEMPSEY & SASSO
390 NORTH ORANGE AVENUE, SUITE 2700
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Amine T. Harb**
Street Address (P.O. Box Number is Not Acceptable)
3700 34TH STREET
City **ORLANDO** FL Zip Code **32805**

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]
Signature, type or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.13.04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARB, A. TOM**
STREET ADDRESS **3700 34TH STREET**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **D** ☐ Delete
NAME **HARB, AMINE T**
STREET ADDRESS **3700 34TH STREET**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition
NAME **HARB, A. Tom**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVST** ☒ Change ☐ Addition
NAME **HARB, AMINE T.**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/04

407.4224272