

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000032747

1. Entity Name  
SIGHARBOR, INC.



Principal Place of Business  
5551 RIDGEWOOD DRIVE  
SUITE 203  
NAPLES, FL 34108

Mailing Address  
5551 RIDGEWOOD DRIVE  
SUITE 203  
NAPLES, FL 34108

FILED

04 JAN 23 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3447341	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATHAN, G HELEN  
5551 RIDGEWOOD DRIVE  
SUITE 203  
NAPLES, FL 34108

**DO NOT WRITE  
IN THIS SPACE**

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

300028314333  
02/06/04--01006--009 \*\*1401.25

**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  
NAME GRIFFIN, GERALD F  
STREET ADDRESS 5551 RIDGEWOOD DR, STE 203  
CITY-ST-ZIP NAPLES, FL 34108

TITLE VD  
NAME CORACE, RICHARD F  
STREET ADDRESS 5551 RIDGEWOOD DR, STE 203  
CITY-ST-ZIP NAPLES, FL 34108

TITLE PS  
NAME SHARPE, KEITH A  
STREET ADDRESS 5551 RIDGEWOOD DR, STE 203  
CITY-ST-ZIP NAPLES, FL 34108

TITLE VTD  
NAME GRIFFIN, GERALD F II  
STREET ADDRESS 5551 RIDGEWOOD DR, STE 203  
CITY-ST-ZIP NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

1/14/04

Date

239 566 2800

Daytime Phone #