

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 031 ***150.00

DOCUMENT # P97000035096	
1. Entity Name HARBOR LAND, INC.	

Principal Place of Business 11331 EASTON TEACH RD PALM BEACH GARDENS FL 33410	Mailing Address 11331 EASTON TEACH RD PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 13373 William Myers	3. Mailing Address 13373 WILLIAM MYERS COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State 13373 WILLIAM MYERS COURT PALM BEACH GARDENS, FL 33410	City & State PALM BEACH GARDENS, FL 33410	4. FEI Number 65-0779118	Applied For ☐ Not Applicable
Zip PALM BEACH GARDENS, FL 33410	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent JOHNSON, LAMBERT 11331 EASTON TEACH RD PALM BEACH GARDENS FL 33410 13373 WILLIAM MYERS COURT PALM BEACH GARDENS, FL 33410	
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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 	DATE 2/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LAMBERT 636 US HWY., STE 103 N. PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13373 WILLIAM MYERS COURT PALM BEACH GARDENS, FL 33410 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.	
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SIGNATURE: 	DATE 2/2/04 (561) 818-3625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	