

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058560

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: HARBOR INSURANCE GROUP, INC.

## Current Principal Place of Business:

146 2ND ST N  
#301  
SAINT PETERSBURG, FL 33701

## New Principal Place of Business:

810 63RD AVENUE NORTH  
SAINT PETERSBURG, FL 33702

## Current Mailing Address:

146 2ND ST N  
#301  
SAINT PETERSBURG, FL 33701

## New Mailing Address:

810 63RD AVENUE NORTH  
SAINT PETERSBURG, FL 33702

FEI Number: 59-345568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: WAGNER, MICHAEL A  
Address: 146 2ND ST N #301  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VSD ( ) Delete  
Name: SACCO, LARRY L  
Address: 146 2ND ST N #301  
City-St-Zip: SAINT PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: WAGNER, MICHAEL A  
Address: 810 63RD AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VSD (X) Change ( ) Addition  
Name: SACCO, LARRY L  
Address: 810 63RD AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY L. SACCO

VP

01/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date