

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90100 019 ***150.00

DOCUMENT # P98000002019

1. Entity Name

122 HARBOUR, INC.



Principal Place of Business

Mailing Address

2424 N FEDERAL HWY
STE 405
BOCA RATON FL 33431

2424 N FEDERAL HWY
STE 405
BOCA RATON FL 33431

50028482



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

150 E. Palmetto Park Rd

150 E. Palmetto Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

700

City & State

City & State

BOCA RATON FL

BOCA RATON, FL

Zip

Country

Zip

Country

33432

33432

4. FEI Number

65-0826912

Applied For

Not Applicable

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

COOK, JAMES R
2424 N FEDERAL HWY
STE 405
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

150 E. Palmetto Park Rd # 700

City

Boca Raton

FL

Zip Code

33432

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

James R Cook

3-10-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, JAMES R	
STREET ADDRESS	2424 N FEDERAL HWY, STE 405	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTWRIGHT, KELLY M	
STREET ADDRESS	2424 N FEDERAL HWY, STE 405	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES R	
STREET ADDRESS	150 E. Palmetto Park Rd #700	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTWRIGHT, KELLY M	
STREET ADDRESS	150 E. Palmetto Park Rd #700	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James R Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

Date

501

Daytime Phone #