

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048693

FILED
Apr 25, 2006
Secretary of State

Entity Name: HARBOR BRIDGE M.M.O., INC.

Current Principal Place of Business:

1203 W. MARION AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

1203 W. MARION AVE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0848433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, CATHERINE P
1203 W. MARION AVE
PUNTA GORDA, FL 33950 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: VST () Delete
Name: SANDERS, CATHERINE
Address: 3830 ST. KITTS CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: P () Delete
Name: KEYSER, JAMES
Address: P.O. BOX 51-1688
City-St-Zip: PUNTA GORDA, FL 339511688

Title: P () Delete
Name: KEYSER, MARIETTA
Address: P.O. BOX 51-1688
City-St-Zip: PUNTA GORDA, FL 339511688

Title: SH () Delete
Name: HUGHES, ROBERT
Address: 954 SANTA BRIGIDA CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: SH () Delete
Name: HUGHES, DORIS
Address: 954 SANTA BRIGIDA CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: SH () Delete
Name: SANDERS, JAMES
Address: 137 DOUGLAS ST
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CATHERINE P. SANDERS

VST

04/25/2006

Electronic Signature of Signing Officer or Director

Date