2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# P98000048693

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 P
Address: 3830 ST. KITTS CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: P ( ) Delete
Name: SANDERS, JAMES T JR
Address: 3830 ST. KITTS CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: VTR ( ) Delete
Name: SANDLES, LARRY J
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33955

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

Title: SH (X) Delete
Name: HUGHES, DORIS
Address: 954 SANTA BRIGIDA CT
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: SH (X) Change ( ) Addition
Name: HUGHES, ROBERT
Address: 1652 PALMETTO PALM WAY
City-St-Zip: NORTH PORT, FL 34288 86

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

I hereby certify that the information supplied with this filing does not qualify 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 04/18/2009
Electronic Signature of Signing Officer or Director Date