


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90413 045 \*\*\*150.00

<b>DOCUMENT # P98000087463</b> 1. Entity Name <b>HARBOR VIEW HOUSE, INC.</b>					
Principal Place of Business <b>421 N THIRD STREET AMELIA ISLAND, FL 32034</b>			Mailing Address <b>421 N THIRD STREET AMELIA ISLAND, FL 32034</b>		
2. Principal Place of Business <b>4020 S. Fletcher Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 6073</b> Suite, Apt. #, etc.			
City & State <b>Amelia Island, Fl.</b>		City & State <b>Amelia Island, Fl. 32035</b>		4. FEI Number <b>59-3540317</b>	
Zip <b>32034</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOULET, CLAYTON J 421 N THIRD STREET AMELIA ISLAND, FL 32034</b>			7. Name and Address of New Registered Agent Name <b>Dianne W. Parfitt</b> Street Address (P.O. Box Number is Not Acceptable) <b>4020 South Fletcher Avenue</b> City <b>Amelia Island, FL</b> Zip Code <b>32034</b>		
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 <b>Dianne W. Parfitt</b> <i>Dianne W. Parfitt</i> <b>15 April 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DOULET, CLAYTON J</b> <b>421 N THIRD STREET</b> <b>AMELIA ISLAND, FL 32034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4020 S. Fletcher Avenue</b> <b>Amelia Island, Florida 32034</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PARFITT, DIANNE W</b> <b>421 N THIRD STREET</b> <b>AMELIA ISLAND, FL 32034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4020 S. Fletcher Avenue</b> <b>Amelia Island, Florida 32034</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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					
<b>SIGNATURE: <i>Dianne W. Parfitt</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Dianne W. Parfitt</b> <b>15 April 05</b> <b>(904)261-0207</b> <small>Date Daytime Phone #</small>		