

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P99000063331**

1. Entity Name  
TL HARBOR WEAR, INC.



Principal Place of Business  
1222 E ATLANTIC AVE  
DELRAY BEACH, FL 33483

Mailing Address  
P.O. BOX 1098  
FERNANDINA BEACH, FL 32035-1098

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0936230  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MORRISON, LISA M  
1222 E. ATLANTIC AVE.  
DELRAY BEACH, FL 33483

**DO NOT WRITE  
IN THIS SPACE**

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 *Lisa M. Morrison*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MORRISON, LISA M
STREET ADDRESS	P O BOX 1098
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	ST
NAME	MORRISON, THOMAS JR
STREET ADDRESS	P O BOX 1098
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/05-80071-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Lisa M. Morrison* *Lisa M. Morrison* 2-11-05 (904) 321-0061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #