


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar. 12, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000077556</b>                        |  |
| 1. Entity Name<br>HARBOUR PROPERTIES OF FLORIDA, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>1211 PROSPERITY FORMS RD<br>STE 303 C<br>PALM BEACH GARDENS, FL 33410 US | Mailing Address<br>1211 PROSPERITY FORMS RD<br>STE 303 C<br>PALM BEACH GARDENS, FL 33410 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>65-0943979                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent

DAVIS, RICHARD  
ONE CLEAR CENTRE, STE 1601  
250 AUSTRALIAN AVENUE SOUTH  
WEEST PALM BEACH, FL 33401

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEDO, DOUGLAS D M.D.<br>11211 PROSPERITY FARMS ROAD #303-C & 304-C<br>PALM BEACH GARDENS, FL 33410 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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03/12/04-80019-003 150.00

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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: *[Signature]* 3/4/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #