

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 209355

**Entity Name:** HARBOR INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6645 S. US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

6645 S. US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952 US

**FEI Number: 59-0824583**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOMASCIK, GEORGE  
6645 S US HWY 1  
PORT ST LUCIE, FL 34952 US

*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

**Officer/Director Detail :**

Title TS  
Name TOMASCIK, GEORGE JSR  
Address 6645 S. US HIGHWAY 1  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title P  
Name COOK, TOM  
Address 6645 S. US HIGHWAY 1  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title VP  
Name AUSTIN, ERIC D  
Address 6645 S. US HIGHWAY 1  
City-State-Zip: PORT SAINT LUCIE FL 34952

*I hereby 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 all other like empowered.*

**SIGNATURE: TOM COOK**

**P**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date