

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90450 028 \*\*\*150.00

**DOCUMENT # M74077**

1. Entity Name  
**HARLEY'S RAC 'N' CUE, INC.**



Principal Place of Business  
**2712 CESERY BLVD.**  
**JACKSONVILLE, FL 32211 US**

Mailing Address  
**5911 ARLINGTON RD**  
**JACKSONVILLE, FL 32211**

**50015197**



2. Principal Place of Business

3. Mailing Address

**2712 CESERY Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Jacksonville Florida**

4. FEI Number

**59-2885708**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32211**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRYAN, HARLEY M.**  
**5911 ARLINGTON RD**  
**JACKSONVILLE, FL 32211**

7. Name and Address of New Registered Agent

Name **Bryan, Harley M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2712 Cesery Blvd.**

City **Jacksonville**

**FL**

Zip Code **32211**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **BRYAN, HARLEY M.**  
STREET ADDRESS **5911 ARLINGTON RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **D** ☐ Delete  
NAME **BRYAN, HARLEY M.**  
STREET ADDRESS **5911 ARLINGTON RD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition  
NAME **Bryan, Harley M.**  
STREET ADDRESS **2712 Cesery Blvd**  
CITY-ST-ZIP **Jacksonville FL 32211**

TITLE **D** ☒ Change ☐ Addition  
NAME **Bryan, Harley M.**  
STREET ADDRESS **2712 Cesery Blvd.**  
CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Harley M. Bryan** **HARLEY M. Bryan**

**4-19-2006**

**904-744-3667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #