2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90054 018 ***150.00

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

4010355Y

Principal Place of Business	Mailing Address
2712 CESERY BLVD. JACKSONVILLE, FL 32211 US	2712 CASERY BLVD JACKSONVILLE, FL 32211

05012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P O Box 51608
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State: Jacksonville Beach FL
Zip / Country	Zip: 32240-1608 / Country: U.S.A.

4. FEI Number: 59-2885708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRYAN, HARLEY M. 2712 CESERY BLVD JACKSONVILLE, FL 32211	Name: GAllAheR, Christopher Street Address (P.O. Box Number is Not Acceptable): 1108 Morning Light Road City: Jacksonville FL Zip Code: 32218

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: Christopher GAllAheR 5-1-07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: For changing a registered agent, signature required when filing separately) (DATE)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST BRYAN, HARLEY M. 2712 CESERY BLVD JACKSONVILLE, FL 32211	☒ Delete	President/sec WAgner, John 103 PAlm Circle PAlm shores, FL 32940	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, HARLEY M. 2712 CESERY BLVD JACKSONVILLE, FL 32211	☒ Delete	Vice President/Tres GAllAheR, Christopher 1108 Morning Light Rd JAcksonville, FL 32218	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Christopher GAllAheR Vice-President 5-1-07 (904) 744-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)