2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092835

Entity Name: GULF COAST HARLEY DAVIDSON, INC.

FILED Apr 10, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
5817 SR 54 NEW PORT RICHIE, FL 34657 Current Mailing Address:				5817 SR 54 NEW PORT RICHEY, FL 34652	
			New Maili	New Mailing Address:	
	_				
TAMPA, F	ENNEDY BLVE L 33606)			
El Number	: 59-3371496	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	, STEPHEN B ST KENNEDY E L 33606 US	BLVD			
	named entity se of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
lection Car	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Jame: Address: Dity-St-Zip:	D () FERMAN, CEC 1306 W KENNE TAMPA, FL 33	DY BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Nddress: Dity-St-Zip:	D () STRASKE, JAN 1306 W KENNE TAMPA, FL 330	DY BLVD	Title: Name: Address: City-St-Zip:	V (X) Change () Addition TEW, DOUGLAS M 1306 W KENNEDY BLVD TAMPA, FL 336061849	
itle: lame: lddress: city-St-Zip:	PD () FARRIOR, PRE 1306 W KENNE TAMPA, FL 330	DY BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress:	VSTD () STRASKE II, S 1306 W KENNE TAMPA, FL 33	DY BLVD	Title: Name: Address: City-St-Zip:	DVST (X) Change () Addition STRASKE II, STEPHEN B 1306 W KENNEDY BLVD TAMPA, FL 336061849	
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip:	STRASKE II, S 1306 W KENNE TAMPA, FL 33	TEPHEN B SDY BLVD S061849 Delete AMES L SDY BLVD	Name: Address:	STRASKE II, STEPHEN B 1306 W KENNEDY BLVD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN B STRASKE II DVST 04/10/2009