2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000097414

1. Entity Name
JACK HARE MOTOR COMPANY

Principal Place of Business	Mailing Address
4976 HWY 90 PACE, FL 32571	4976 HWY 90 PACE, FL 32571

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address		
3 Andromeda Drive	3 Andromeda Drive		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	4. FEI Number	Applied For
Milton, FL	Milton, FL	59-3753336	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
32570	Santa Rosa	32570	Santa Rosa		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARE, LESTER J 3 ANDROMEDA DRIVE MILTON, FL 32570	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 reinstating)   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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HARE, LESTER J		NAME		
STREET ADDRESS	3 ANDROMEDA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #