


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90184 043 \*\*\*150.00

<b>DOCUMENT # P03000095253</b>		
1. Entity Name HARBOUR AUTOMOTIVE GROUP, INC.		

Principal Place of Business 6728 BLANDING BLVD. JACKSONVILLE, FL 32244 US	Mailing Address P.O. BOX 441387 JACKSONVILLE, FL 32222 US
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0191608		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  BEARRY, SUZANNE M 869 QUEENS HARBOUR BLVD. JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D BEARRY, WILLIAM E JR. 935 MIDWEST TRAIL N LAKE ELMO, MN 55042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BEARRY, WILLIAM E JR 13300 ATLANTIC BLVD. #201 JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BEARRY, SUZANNE M 869 QUEENS HARBOUR BLVD. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTY BEARRY, WILLIAM E JR. 935 MIDWEST TRAIL N LAKE ELMO, MN 55042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTY BEARRY, WILLIAM E JR 13300 ATLANTIC BLVD. #201 JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William E. Bearry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. BEARRY

4/26/2006 (904) 777-5575  
Date Daytime Phone #

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 009 \*\*\*150.00

**DOCUMENT # P03000095253**

1. Entity Name  
**HARBOUR AUTOMOTIVE GROUP, INC.**



Principal Place of Business  
**6728 BLANDING BLVD.  
JACKSONVILLE, FL 32244 US**

Mailing Address  
**P.O. BOX 441387  
JACKSONVILLE, FL 32222 US**

**ATTACHMENT**

**40066332**

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**20-0191608**

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

**BEARRY, SUZANNE M  
869 QUEENS HARBOUR BLVD.  
JACKSONVILLE, FL 32225**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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-STATE-ZIP  
**P/D  
BEARRY, WILLIAM E JR.  
935 MIDWEST TRAIL N  
LAKE ELMO, MN 55042** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VP/D  
BEARRY, SUZANNE M  
869 QUEENS HARBOUR BLVD.  
JACKSONVILLE, FL 32225** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SCTY  
BEARRY, WILLIAM E JR.  
935 MIDWEST TRAIL N  
LAKE ELMO, MN 55042** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*William E. Bearry* **PRESIDENT**

**4/14/05 904-777-5575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ATTACHMENT** 40066332  
**Electronic Articles of Incorporation**  
**For**

P03000095253  
FILED  
August 29, 2003  
Sec. Of State

HARBOUR AUTOMOTIVE GROUP, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

HARBOUR AUTOMOTIVE GROUP, INC.

**Article II**

The principal place of business address:

869 QUEENS HARBOUR BLVD.  
JACKSONVILLE, FL. US 32225

The mailing address of the corporation is:

869 QUEENS HARBOUR BLVD.  
JACKSONVILLE, FL. US 32225

**Article III**

The purpose for which this corporation is organized is:

TO ENGAGE IN THE WHOLESALE AND RETAIL SALE OF AUTOMOTIVE  
VEHICLES AND RELATED GOODS AND SERVICES.

**Article IV**

The number of shares the corporation is authorized to issue is:

30,000

**Article V**

The name and Florida street address of the registered agent is:

SUZANNE M BEARRY  
869 QUEENS HARBOUR BLVD.  
JACKSONVILLE, FL. 32225

**ATTACHMENT**

40066332

I certify that I am familiar with and accept the responsibilities of registered agent.

P03000095253  
FILED  
August 29, 2003  
Sec. Of State

Registered Agent Signature: SUZANNE M. BEARRY

### **Article VI**

The name and address of the incorporator is:

SUZANNE MARIE BEARRY  
869 QUEENS HARBOUR BLVD.  
JACKSONVILLE, FL 32225  
USA

Incorporator Signature: SUZANNE M. BEARRY

### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P/D  
WILLIAM E BEARRY JR.  
935 MIDWEST TRAIL N  
LAKE ELMO, MN. 55042 US

Title: VP/D  
SUZANNE M BEARRY  
869 QUEENS HARBOUR BLVD.  
JACKSONVILLE, FL. 32225 US

Title: SCTY  
WILLIAM E BEARRY JR.  
935 MIDWEST TRAIL N  
LAKE ELMO, MN. 55042 US

### **Article VIII**

The effective date for this corporation shall be:

08/28/2003