


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90093 035 ***150.00

DOCUMENT # P03000098569			
1. Entity Name ON THE ROAD AGAIN SERVICES OF HARLEY DAVIDSON'S, INC.			
Principal Place of Business 4891 HANCOCK ROAD SOUTHWEST RANCHES FL 33330 VERSATILE WAREHOUSE'S 4701 SW 45 St. BLDG. 14 DAVIE FL 33314		Mailing Address 4891 HANCOCK ROAD SOUTHWEST RANCHES FL 33330 11600 N.W. 18th COURT PLANTATION FL 33323	
2. Principal Place of Business Versatile Warehouse's Suite, Apt. #, etc. BLDG. 14 - Unit 22-24		3. Mailing Address 11600 N.W. 18th Ct Suite, Apt. #, etc.	
City & State DAVIE FL		City & State PLANTATION FL	
Zip 33314	Country FLORIDA	Zip 33323	Country FLORIDA
6. Name and Address of Current Registered Agent SWETT, JODY 4891 HANCOCK ROAD SOUTHWEST RANCHES FL 33330 11600 N.W. 18th COURT PLANTATION FL 33323		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 <u>Jody M Swett</u> DATE <u>4-08-05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SWETT, JODY 4891 HANCOCK ROAD SOUTHWEST RANCHES FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11600 N.W. 18th COURT PLANTATION FL 33323 <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
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 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: <u>Jody M Swett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-08-05</u> Daytime Phone # <u>954-651-1109</u>	



1st MOORE

CR2E034 (10/04)

4. FEI Number AP-PLIED FOR
20-0217875 Applied For
Not Applicable

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