

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90018 003 ***150.00

DOCUMENT # P04000040382 1. Entity Name HARPER AUTO SALES, INC.																																																					
Principal Place of Business 1145 E ROSE ST LAKELAND FL 33801		Mailing Address 508 EASTWAY DRIVE LAKELAND FL 33803 <i>new address below</i>																																																			
2. Principal Place of Business 1145 E Rose St.		3. Mailing Address 1868 Kinsmanway																																																			
Suite, Apt. #, etc. FL		Suite, Apt. #, etc. FL																																																			
City & State Lakeland FL		City & State Lakeland FL																																																			
Zip 33801		Zip 33809																																																			
Country FL		Country FL																																																			
4. FEI Number 34-1981261		Applied For <input 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 HARPER, LUCINDA L 508 EASTWAY DRIVE LAKELAND FL 33803		7. Name and Address of New Registered Agent 1868 Kinsmanway Lakeland FL 33809																																																			
Name HARPER, LUCINDA L		Street Address (P.O. Box Number is Not Acceptable) 1868 Kinsmanway																																																			
City FL		Zip Code 33809																																																			
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 <i>Lucinda Harper</i> Pres. 1-31-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE</small>																																																					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D HARPER, LUCINDA L 508 EASTWAY DRIVE LAKELAND FL 33803 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, LUCINDA L 508 EASTWAY DRIVE LAKELAND FL 33803		<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lucinda Harper* **1-31-06** **863-686-7031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #