

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

06 JUN 16 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06132006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-1052535 Applied For  
Not Applicable

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

DOCUMENT # P04000066908  
1. Entity Name  
HARD RACKS, INC



Principal Place of Business Mailing Address  
24636 EAST COLONIAL DRIVE 24636 EAST COLONIAL DRIVE  
CHRISTMAS, FL 32709 US CHRISTMAS, FL 32709 US

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

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
MARC S  
20722 MALLARD PKWY  
ORLANDO, FL 32833

7. Name and Address of New Registered Agent  
Name CHRISTOPHER MUSCH  
Street Address (P.O. Box Number is Not Acceptable)  
24636 EAST Colonial Drive  
P.O. Box 115  
City CHRISTMAS FL Zip Code 32709

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 *Ch. Musch* DATE 6-13-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, MARC S 20722 MALLARD PKWY ORLANDO, FL 32833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSCH, CHRISTOPHER L POB 115 CHRISTMAS, FL 32709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700076704009 06/29/06--01019--004 **70.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MUSCH, CHRISTOPHER L. P.O. Box 115 CHRISTMAS FL 32709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Victoria L. Musch P.O. Box 115 CHRISTMAS FL 32709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Ch. Musch* DATE 6-13-06 (407) 568-5011  
Signature and typed or printed name of signing officer or director Date Daytime Phone #