

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 030 ***150.00

DOCUMENT # P93000002966

1. Entity Name
HAROLD'S AUTO, INC.



Principal Place of Business
**5299 COMMERCIAL WAY
SPRING HILL, FL 34606 US**

Mailing Address
**5299 COMMERCIAL WAY
SPRING, FL 34606 US**

40097721



DO NOT WRITE IN THIS SPACE

06222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3163098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HURST, IRENE J.
9453 SANTONO ST.
SPRING HILL, FL 34608**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	HURST, DANA J.
STREET ADDRESS	6095 BARCLAY ST
CITY-STATE-ZIP	SPRINGHILL, FL 34609
TITLE	PTD
NAME	HURST, IRENE J.
STREET ADDRESS	9453 SANTONO ST
CITY-STATE-ZIP	SPRINGHILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Irene J. Hurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-06

Date

352-683-0358

Daytime Phone #