

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000039257

1. Entity Name

HARLEY'S SHOES, INC.



Principal Place of Business

7287 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33446
US

Mailing Address

7287 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33446
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0496005

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

LIPNACK, MARTIN I
7880 W OAKLAND PARK BLVD.
SUITE 300
FT. LAUDERDALE FL 33351

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 re-stating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May 2
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: HELLER, LEON
STREET ADDRESS: 7287 WEST ATLANTIC AVENUE
CITY-ST-ZIP: DELRAY BEACH FL 33446

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS: 1110000462503
CITY-ST-ZIP: 03/21/06-80038-019 158.75

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leon Heller* LEON HELLER

3/8/06

561-498-2361