## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000068440

Title:

Name:

Address:

City-St-Zip:

Entity Name: HARLEY DAVIDSON OF LAKELAND, INC.

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4202 LAKELAND HILLS BLVD LAKELAND, FL 33805 **Current Mailing Address: New Mailing Address:** 4202 LAKELAND HILLS BLVD LAKELAND, FL 33805 FEI Number: 59-3338154 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUFFMAN, DONALD E 4202 LAKELAND HILLS BLVD LAKELAND, FL 33805 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HUFFMAN, DONALD E Name: Name: 1911 VIEWPOINT LANDING DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: VST Title: () Delete (X) Change ( ) Addition HUFFMAN, JANICE Name: HUFFMAN, JANICE Name: 1911 VIEWPOINT LANDING DRIVE 1911 VIEWPOINT LANDING DRIVE Address: Address: LAKELAND, FL 33810 LAKELAND, FL 33810 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MONTS DE OCA, LAMAR W Name: Name: 6111 RIVERLAKE BLVD Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACQUELINE P. MONTS DE OCA SECR 04/30/2008

() Delete

( ) Change (X) Addition

MONTS DE OCA, JACQUELINE P

6111 RIVERLAKE BLVD

BARTOW, FL 33830