2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 02, 2004 08:00 AM DOCUMENT # P96000059700 **Secretary of State** 1. Entity Name HARRY'S CURB MART, INC. Principal Place of Business Mailing Address 204 STATE ROAD 16 204 STATE ROAD 16 SAINT AUGUSTINE FL 32084 ST. AUGUSTINE FL 32095 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3390475 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOUSEY, CLAY B JR. 1 INDEPENDENT DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 2600** JACKSONVILLE FL 32202 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 agont and little if applicable INOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE Addition ☐ Change NAME WALDRON, HARRY H MARKE U00000029774 02/04/04-80080-013 150.00 STREET ADORESS 118 COLON AVENUE STREET ADDRESS ST. AUGUSTINE FL 32095 CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Detete HRE ☐ Change ☐ Addition NAME WALDRON, GWENDOLYN A NAME STREET ADDRESS 118 COLON AVENUE STREET ADDRESS CITY - ST- ZIP ST. AUGUSTINE FL 32095 CITY-ST-ZIP TITLE Delete THLE ☐ Change ☐ Addition MARKE WALDRON, JOHN W MAME STREET ADDRESS STREET ADDRESS 1301 SANJOSE RD CITY-ST-ZIP SAINT AUGUSTINE FL 32086 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALDRON, PAUL M NAME NAME STREET ADDRESS 765 FAVER DYKES RD STREET ADORESS CITY-ST-ZIP SAINT AUGUSTINE FL 32086 CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition WALDRON, KEITH H NAME NAME 105 CR 204 STREET ACCRESS STREET ADDRESS HASTINGS FL 32145 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath, 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 is changed, or on an attachaptent with an address, with all other like empowered.

how Gwendolyn Wald

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