2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000059700

1. Entity Name
HARRY'S CURB MART, INC.

Principal Place of Business	Mailing Address
204 STATE ROAD 16 SAINT AUGUSTINE, FL 32084	204 STATE ROAD 16 ST. AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

01222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3390475
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOUSEY, CLAY B JR.
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE, FL 32202

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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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALDRON, HARRY H
STREET ADDRESS	118 COLON AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	WALDRON, GWENDOLYN A
STREET ADDRESS	118 COLON AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	WALDRON, JOHN W
STREET ADDRESS	1301 SANJOSE RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	WALDRON, PAUL M
STREET ADDRESS	765 FAVER DYKES RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	WALDRON, KEITH H
STREET ADDRESS	105 CR 204
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/05-80031-018 150.00

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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 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: Gwendolyn Waldron Gwendolyn Waldron 2/9/05 904 824-3931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #