

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 048 \*\*\*150.00

**DOCUMENT # P96000059700**

1. Entity Name

HARRY'S CURB MART, INC.



Principal Place of Business

204 STATE ROAD 16  
SAINT AUGUSTINE FL 32084

Mailing Address

204 STATE ROAD 16  
ST. AUGUSTINE FL 32095



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

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

7. Name and Address of New Registered Agent

Name **HARRY H WALDRON**

Street Address (P.O. Box Number is Not Acceptable)

**118 COLON AVE**

City **ST AUGUSTINE**

**FL**

Zip Code

**32084**

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 **HARRY H WALDRON**

Signature, typed or printed name of registered agent and title if applicable.

*Harry H. Waldron*

(NOTE: Registered Agent signature required when reinstating)

*1/26/06*

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 Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/06* *904 501-2010*

Date

Daytime Phone #