


FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90024 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000044777					
1. Entity Name HARLEY PAIUTE'S, INC.					
Principal Place of Business 1269 COUNTY ROAD 309, HC 2, BOX 455 CRESCENT CITY, FL 32112		Mailing Address 1269 COUNTY ROAD 309, HC 2, BOX 455 CRESCENT CITY, FL 32112			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 58-2369019	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASBURY, JAY D 234 N. SUMMIT ST. CRESCENT CITY, FL 32112			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, EDWARD L		NAME	Same	
STREET ADDRESS	600 SOUTH 301		STREET ADDRESS	Same	
CITY-ST-ZIP	DILLON, SC 29536		CITY-ST-ZIP	Resigned	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, HELEN		NAME	Resigned	
STREET ADDRESS	600 SOUTH 301		STREET ADDRESS		
CITY-ST-ZIP	DILLON, SC 29536		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOODY, HARRY G JR		NAME		
STREET ADDRESS	HC 2, BOX 455		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYMOND, SHARON		NAME		
STREET ADDRESS	HC 2, BOX 455		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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)(f), 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: <i>Edward L Hayes</i>		EDWARD L HAYES		3-9-04 1-843-774-643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	

59-3558780

29019920



03012004 Chg-P CR2E034 (10/03)

4. FEI Number 58-2369019 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MOODY, HARRY G JR	
STREET ADDRESS	HC 2, BOX 455	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
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NAME	RAYMOND, SHARON	
STREET ADDRESS	HC 2, BOX 455	
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Same
STREET ADDRESS	Same
CITY-ST-ZIP	Resigned
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Resigned
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	

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SIGNATURE: *Edward L Hayes* EDWARD L HAYES 3-9-04 1-843-774-643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone