
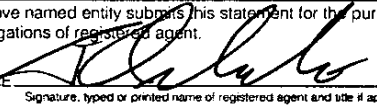
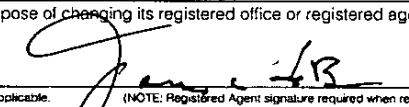
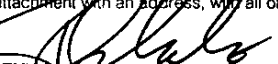


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 041 ***150.00

DOCUMENT # P99000097542					
1. Entity Name TREASURE COAST HARLEY-DAVIDSON OF STUART, INC.					
Principal Place of Business 200 BUSINESS PARK CIRCLE SUITE 101 ST. AUGUSTINE, FL 32095			Mailing Address 200 BUSINESS PARK CIRCLE SUITE 101 ST. AUGUSTINE, FL 32095		
2. Principal Place of Business 4967 S.E. FEDERAL HWY. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1 SOUTH CHURCH STREET <small>Suite, Apt. #, etc.</small> C/O FRANK ORLANDO			
City & State STUART, FL		City & State HAZLETON, PA		04272005 Chg-P CR2E034 (10/03)	
Zip 34997		Country U.S.		4. FEI Number 59-3610255	
Zip 18201		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATHAWAY, RICHARD 50 A1A NORTH SUITE 102 PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name FRANK P. ORLANDO Street Address (P.O. Box Number is Not Acceptable) 1971 DORY COURT City NAPLES FL Zip Code 34109		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 40%;">  </div> <div style="width: 20%; text-align: right;"> 4/30/05 </div> </div> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D NAME LABAR, JAMES C STREET ADDRESS 200 BUSINESS PARK CIRCLE, SUITE 101 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PS NAME LABAR, JAMES C STREET ADDRESS 200 BUSINESS PARK CIRCLE, SUITE 101 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			FRANK P. ORLANDO 4/30/05 570-456-7023		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					