2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V02570

1. Entity Name
JACK HARVEY'S IMPORTS, INC.

Principal Place of Business	Mailing Address
1301 WEST DETROIT BLVD. PENSACOLA, FL 32534	1301 WEST DETROIT BLVD. PENSACOLA, FL 32534

DO NOT WRITE IN THIS SPACE

06302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3099417	Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, CAROL K.
1301 WEST DETROIT BLVD.
PENSACOLA, FL 32534

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IN THIS SPACE

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 $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARVEY, CAROL K.
STREET ADDRESS	8351 RANGER DRIVE
CITY-ST-ZIP	PENSACOLA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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07/05/05-80008-004 550.00

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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: *Carol K Harvey*   Carol K Harvey   7-1-05   850-484-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #