2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT # V02570** JACK HARVEY'S IMPORTS, INC. Mailing Address Principal Place of Business 1301 WEST DETROIT BLVD. 1301 WEST DETROIT BLVD. PENSACOLA, FL 32534 PENSACOLA, FL 32534 CR2E034 (11/05) 04262006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3099417 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARVEY, CAROL K. DO NOT WRITE 1301 WEST DETROIT BLVD. PENSACOLA, FL 32534 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 1/00000551057 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be 05/13/06-A0081-018 15N.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP MLE HARVEY, CAROL K. NAME 8351 RANGER DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP स्साह NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-782

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 charged, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: West A War Carol K Harvey 4-27-06 850-484-7660

SIGNATURE: Date Department Name of Signing Officer or Director Date Department of Department Phone #