

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90339 029 ***150.00

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1. Entity Name

GAINESVILLE HARLEY-DAVIDSON & BUELL, INC.



Principal Place of Business

**4125 NW 97TH BLVD
GAINESVILLE, FL 32606 US**

Mailing Address

**4125 NW 97TH BLVD
GAINESVILLE, FL 32606 US**

50040172



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3140689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LYTLE, GAIL L
4427 NW 143RD ST
GAINESVILLE, FL 32606**

**DO NOT WRITE
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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LYTLE, GAIL L**
STREET ADDRESS **4427 NW 143RD ST**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **S**
NAME **BOOTS, JOHN**
STREET ADDRESS **7122 SW 104TH ST**
CITY-ST-ZIP **ARCHER, FL 32618**

TITLE **S**
NAME **PAUL LYTLE**
STREET ADDRESS **4427 NW 143rd ST.**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Gail L. Lytle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05
Date

352-331-6363
Daytime Phone #