

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90086 023 \*\*\*150.00

**DOCUMENT # F98000001983**

1. Entity Name  
**HARDYSTON REALTY CORP. OF NEW JERSEY**



Principal Place of Business

925 S. FEDERAL HWY  
SUITE 715  
BOCA RATON, FL 33432

Mailing Address

925 S. FEDERAL HWY  
SUITE 715  
BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**22-3183213**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEICHOLZ, STEPHEN  
925 S. FEDERAL HWY  
SUITE 715  
BOCA RATON, FL 33432

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WEICHOLZ, STEPHEN 925 S. FEDERAL HWY BOCA RATON, FL 33432
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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-2-06

Date

Daytime Phone #