2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000075047

1. Entity Name
HARDEMAN, KEMPTON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2207 W. NORTH A STREET TAMPA, FL 33606 US	P. O. BOX 1980 SEFFNER, FL 33583 US

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3213809
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, MICHAEL H
101 E. KENNEDY BLVD. , SUITE 2800
STE 1000
TAMPA, FL 33602

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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)

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

U00000195190
01/26/05-80019-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARDEMAN, JEFFREY W
STREET ADDRESS	2207 W. NORTH A STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	TS
NAME	HARDEMAN, STEPHANIE P
STREET ADDRESS	2207 W. NORTH A STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VPD
NAME	KEMPTON, JAMES T
STREET ADDRESS	2207 W. NORTH A STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/18/05 813-258-0266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #