


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90047 036 ***150.00

DOCUMENT # P24560 1. Entity Name HARDCASTLE CONSTRUCTION, INCORPORATED OF OKLAHOMA					
Principal Place of Business P.O. BOX 617 WASHINGTON, OK 73093			Mailing Address P.O. BOX 617 WASHINGTON, OK 73093		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 73-1329449	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KERCHER, MICHAEL R. BROAD AND CASSEL 213 S. MONROE SUITE 400 TALLAHASSEE, FL 32302				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when re-statuting) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARDCASTLE, BILL RT. 1, BOX 21H WASHINGTON, OK	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	RT1 Box 160 WASHINGTON OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARDCASTLE, JIM RT. 2, BOX 96 PURCELL, OK	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	810 DEAN ST WASHINGTON OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HARDCASTLE, GENE RT. 1, BOX 22 WASHINGTON, OK	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	RT1 Box 170 WASHINGTON OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Bill Hardcastle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					