## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2006 8:00 am Secretary of State DOCUMENT # G07527 04-27-2006 90189 012 \*\*\*150.00 1. Entity Name HARDEN & ASSOCIATES, INC. Principal Place of Business Mailing Address % M. C. HARDEN, III % M. C. HARDEN, III **806 RIVERSIDE AVENUE** P.O. BOX 2286 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32203-9286 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 59-2142739 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDEN, M.C. III Street Address (P.O. Box Number is Not Acceptable) 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DVT TITLE TITLE Change ☐ Defete \*Addition NAME LUNETTA, PAUL J NAME Pierpont, Richard H. STREET ADDRESS 806 RIVERSIDE AVENUE STREET ADDRESS 806 Riverside Avenue JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-S1-ZIP Jacksonville, FL 32204 DΡ THE ☐ Delete TITLE □XAddition HARDEN, M.C.III NAME NAME Anderson, John K STREET ADDRESS 806 RIVERSIDE AVENUE STREET ADDRESS 806 Riverside Avenue CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32204 Jacksonville, FL 3220A Change 「**本**Addition Dν ☐ Delete TITLE TITLE DIETERLE, DANIEL P NAME NAME STREET ADDRESS 806 RIVERSIDE AVENUE STREET ADORESS Harden, Paul M. 806 Riverside Ave, Jax FL CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP 32204 TITLE Delete TITLE ☐ Change Addition GIUSTI, LAWRENCE V NAME NAME Ammiano, Michael J. STREET ADDRESS 806 RIVERSIDE AVENUE STREET ADDRESS 806 Riverside Ave, Jax FL 32204 CITY - ST - ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP TITLE VS. Delete TITLE ☐ Change X Addition FLYNN, MARY E NAME NAME Bass, Kimberly L. STREET ADDRESS 806 RIVERSIDE AVENUE STREET ADDRESS 806 Riverside Ave, Jax FL 32204 JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE XAddition ☐ Channe Bleech, Kelly C. NAME LUNETTA, BETTILYN NAME 806 Riverside Ave, Jax FL 32204 806 RIVERSIDE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32204 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

04/26/06

**FILED** 

SIGNATURE: Y

**2006 FOR PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT# G07527

PAGE 2 of 2

	ATTACHMENT
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1. Entity Name HARDEN & ASSOCIATES, INC.							ATTACHMENT						
Principal Place of Business  % M. C. HARDEN, III 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204			Mailing Address % M. C. HARDEN, III P.O. BOX 2286 JACKSONVILLE, FL 32203-9286			40066565							
2. Principal Place of Business 3			3. Mailing Address	3. Mailing Address						11 11 11 11 11 11 11 11 11 11 11 11 11	10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262006	Chg	-P	CR2E	034 (11/05	)	
City & State			City & State				4. FEI Numb 59-214					Applied For Not Applicable	
Zip		Country	Zip Cour				5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent								
					Name								
HARDEN, M.C. III 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204					Street A	eet Address (P.O. Box Number is Not Acceptable)							
			City	_				FL	Zip Co	ode			
	named entity	submits this statement for	r the purpose of changir	ng its register	ed office o	r register	ed agent, or bo	oth, in the S	tate of Flor		familiar with	1, and accept	
SIGNATURE.						_							
	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE Registere	d Agent signat	ure required	when reinstating)			DATE			
FIL After M	E NOW!!! ay 1, 2006	FEE IS \$150.00 Fee will be \$550.0	9. Election Ca	ımpaign Finar Contribution.			00 May Be ed to Fees						
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES	S TO OFFI	CERS AND	DIRECTO	RS IN 11	
TITLE	DVT		☐ Delete	TITL	E	<u>v</u> .	_				☐ Change	Addition	
NAME	LUNETTA	, PAUL J		NAM	E		son, T						
STREET ADDRESS	806 RIVER	RSIDE AVENUE		STRE	ET ADDRESS	806	River	side	Aver	nue			
CITY-ST-ZIP	JACKSON	VILLE, FL 32204		CITY	-ST-ZIP	Jac	<u>ksonvi</u>	<u>lle,</u>	FL 3	32204			
TITLE	DP		☐ Delete	TITL	Ε	V					☐ Change	<b>⋈</b> Addition	
NAME	HARDEN,			. NAM	E	Jon	es, Ma	rtha	Α.				
STREET ADDRESS	1	RSIDE AVENUE			ET ADDRESS		River			nue			
CITY-ST-ZIP		VILLE, FL 32204		CITY	-ST-ZIP		ksonvi						
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NAME		E, DANIEL P		NAM		orr	, Thom	as I	11	1 1			
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CITY-ST-ZIP		VILLE, FL 32204			- ST - ZIP	t	WIACI	3146	AVC,	, oax			
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NAME	FLYNN, M	ARY E	Delete	NAM		١ '	ry, Ju	ctin	R		516.196	₩ .mammon	
STREET ADDRESS		RSIDE AVENUE			ET ADDRESS					7		2224	
City-St-ZiP	JACKSON	VILLE, FL 32204		CITY	-ST-ZIP	1000	River	side	Ave,	, Jax	., FL	32204	
TITLE	V		☐ Delete	TITLE							☐ Change	Addition	
NAME		BETTILYN		NAM.									
STREET ADDRESS		RSIDE AVENUE			ET ADDRESS								
CITY-ST-ZIP	JACKSON	VILLE, FL 32204		CITY	-S1-ZIP	l							

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 THEOD OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04126106 904-421-533