


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90189 012 ***150.00


| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # G07527 1. Entity Name HARDEN & ASSOCIATES, INC. | | | |  | |
| 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 | | |
| 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 59-2142739 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARDEN, M.C. III 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | DVT LUNETTA, PAUL J 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Pierpont, Richard H. 806 Riverside Avenue Jacksonville, FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HARDEN, M C III 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Anderson, John K 806 Riverside Avenue Jacksonville, FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV DIETERLE, DANIEL P 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Harden, Paul M. 806 Riverside Ave, Jax FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GIUSTI, LAWRENCE V 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Ammiano, Michael J. 806 Riverside Ave, Jax FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS FLYNN, MARY E 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Bass, Kimberly L. 806 Riverside Ave, Jax FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUNETTA, BETTILYN 806 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Bleech, Kelly C. 806 Riverside Ave, Jax FL 32204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: <u>Mary E. Flynn</u> SVP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 04/26/06 <small>Date</small> | | 904-421-5339 <small>Daytime Phone #</small> |

Mary E. Flynn

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PAGE 2 of 2

ATTACHMENT

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| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 59-2142739 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
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| SIGNATURE: <u>Mary E. Flynn</u> SVP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 04/26/06 904-421-5339 Date Daytime Phone # | | |

Mary E. Flynn