

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -6 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000029736 1. Entity Name HARDWATER, INC.					
Principal Place of Business 1190 COASTAL HWY PANACEA, FL 32346 US			Mailing Address P O BOX 378 MIDWAY, FL 32343 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0640509	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, MARK S 1190 COASTAL HWY PANACEA, FL 32346			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MITCHELL, MARK S 1003 WASHINGTON ST TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MITCHELL, MAUREAN 1003 WASHINGTON ST TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	7001292307 ☐ Change ☐ Addition 05/14/08--01004--026 **150.00		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SUBER, SONJA 1003 WASHINGTON ST TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: _____ 5-8-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					