

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 174724	
1. Entity Name HARDRIVES OF DELRAY, INC.	

Principal Place of Business 2101 S. CONGRESS AVE. DELRAY BEACH FL 33445	Mailing Address 2101 S. CONGRESS AVE. DELRAY BEACH FL 33445
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

ELMORE, GEORGE T 2101 S. CONGRESS AVE. DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

B. 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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

#1401-00
OK

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GORDON, DOUGLAS G 2101 S. CONGRESS AVENUE DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POSTON, W ALLEN 2101 S. CONGRESS AVENUE DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELMORE, GEORGE T 2101 S. CONGRESS AVENUE DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHIVELY, SHARON C 2101 S. CONGRESS AVENUE DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000029897 02/04/04-80083-016 600.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(f), 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: George T. Elmore **GEORGE T. ELMORE** 1-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #