



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90031 001 \*\*\*600.00

<b>DOCUMENT # 174724</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0702991	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$650.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GORDON, DOUGLAS G 2101 S. CONGRESS AVENUE DELRAY BEACH, FL 33445		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POSTON, W ALLEN 2101 S. CONGRESS AVENUE DELRAY BEACH, FL 33445		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELMORE, GEORGE T 2101 S. CONGRESS AVENUE DELRAY BEACH, FL 33445		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHIVELY, SHARON C 2101 S. CONGRESS AVENUE DELRAY BEACH, FL 33445		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   		<input type="checkbox"/> Delete		
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 another like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> GEORGE T. ELMORE			1-1-08 5612780456 <small>Date Daytime Phone #</small>		