


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 305573 1. Entity Name HARDY BROS. OIL COMPANY, INC.		
Principal Place of Business 1126 MARTIN LUTHER KING BLVD POMPANO BEACH, FL 33069 US		Mailing Address 1126 MARTIN LUTHER KING BLVD POMPANO BEACH, FL 33069 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARDY, NOEL D 1126 MARTIN LUTHER KING BLVD POMPANO BEACH, FL 33069		DO NOT WRITE IN THIS SPACE
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 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARDY, JAMES D 1200 NE 4TH STREET POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARDY, NOEL D 1220 N E 9TH STREET POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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>Noel D Hardy President Noel D Hardy</u> 1-18-06 954 946 3993 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1144299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

0000014941151
01/25/06 80047-003 150.00

**DO NOT WRITE
IN THIS SPACE**