

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90002 039 \*\*\*558.75

**DOCUMENT # 386834**

1. Entity Name  
**JACK HARDY, INC.**



Principal Place of Business  
4495 SW 67 TERR.  
DAVIE, FL 33314 US

Mailing Address  
4495 SW 67 TERR.  
DAVIE, FL 33314 US

**54060112**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1455133

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARDY, JACK A**  
4495 SW 67 TERR  
DAVIE, FL 33314

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
ST  
KINSEY, LEONARD H  
STREET ADDRESS  
4495 SW 67 TERRACE  
CITY-ST-ZIP  
DAVIE, FL 33314 ☒ Delete

TITLE  
NAME  
P  
HARDY, JACK A  
STREET ADDRESS  
4495 SW 67 TERR.  
CITY-ST-ZIP  
DAVIE, FL ☐ Delete

TITLE  
NAME  
VP  
HARDY, J. MARK  
STREET ADDRESS  
4495 SW 67 TERRACE  
CITY-ST-ZIP  
DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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  
ST  
ROBERTSON DOROTHY B  
STREET ADDRESS  
4495 SW 67 terr  
CITY-ST-ZIP  
DAVIE, FL 33314 ☒ 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

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 2004 800 633 2893  
Date Daytime Phone #