

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 386834

Entity Name: JACK HARDY, INC.

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

4495 SW 67 TERR.
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 292996
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 59-1455133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ROBERTSON, DOROTHY B
Address: 4495 SW 67 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: P () Delete
Name: HARDY, JACK A,
Address: 4495 SW 67 TERR.
City-St-Zip: DAVIE, FL

Title: VP () Delete
Name: HARDY, J. MARK
Address: 4495 SW 67 TERRACE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHELLGREN, JON D
Address: 4495 SW 67 TERRACE
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK HARDY

P

02/07/2006

Electronic Signature of Signing Officer or Director

Date