
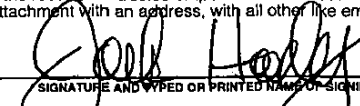


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90019 027 ***158.75

| | | | | | |
|---|---|---------------------------------|---|---|--|
| DOCUMENT # 526658 1. Entity Name HARDY CONTRACTORS, INC. | | | |  | |
| Principal Place of Business 4495 SW 67TH TERR SUITE 101 DAVIE, FL 33314 | | | Mailing Address 4495 SW 67TH TERR SUITE 101 DAVIE, FL 33314 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address P.O. Box 292996 Suite, Apt. #, etc. | | |
| City & State DAVIE, FL | | | 4. FEI Number 59-1749563 | | |
| Zip 33329 | | | Country US | | |
| 6. Name and Address of Current Registered Agent HARDY, JACK 4495 SW 67TH TERR #101 STE 101 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HARDY, JACK 4495 SW 67TH TERR #101 DAVIE, F 33314 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST ROBERTSON, DOROTHY B 5160 S UNIVERSITY DR DAVIE, FL 33328 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  JACK Hardy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 954-583-8945 <small>Daytime Phone #</small> </div> </div> | | | | | |

50001149



01052005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required