

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 548229

1. Entity Name

HARDRIVES OF NORTH PALM BEACH, INC.



Principal Place of Business

2101 SOUTH CONGRESS AVENUE
DELRAY BCH FL 33445

Mailing Address

2101 SOUTH CONGRESS AVENUE
DELRAY BCH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1780540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, GEORGE T.
2101 SOUTH CONGRESS AVENUE
DELRAY BCH FL 33445

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 consenting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ELMORE, GEORGE T.
STREET ADDRESS 2101 S. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000029899
02/04/04-80083-016 600.00

TITLE TD
NAME GORDON, DOUGLAS G
STREET ADDRESS 2101 S. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME ELMORE, WILMA A.
STREET ADDRESS 2101 S. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE T. ELMORE

Date

Daytime Phone #

1-27-04