


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 853980</b> 1. Entity Name HARDING ERECTORS, INC.	
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Principal Place of Business 1567 BEAVER RUIN ROAD P.O. BOX 1106 NORCROSS, GA 30091	Mailing Address 1567 BEAVER RUIN ROAD P.O. BOX 1106 NORCROSS, GA 30091
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1460055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNELLY, RICK 3745 FAIRWAY DRIVE CUMMING, GA 30041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEBOLD, ROBERT 9395 RIVERCLUB PKWY DULUTH, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRICKLAND, KAYLA 685 BECKENHAM WALK DRIVE DACULA, GA 30019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000003032  
01/13/04-80039-004 150.00

DO NOT WRITE IN THIS SPACE

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: Kayla Strickland 01-07-04 770 923 4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #