


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90008 040 ***150.00

DOCUMENT # F02000005484

1. Entity Name
HARDTOPS UNLIMITED, INC.



Principal Place of Business Mailing Address
448 FAIRMONT TERRACE **448 FAIRMONT TERRACE**
PORT CHARLOTTE FL 33954 **PORT CHARLOTTE FL 33954**

2. Principal Place of Business 3. Mailing Address
9141 Alfred Blvd *9141 Alfred Blvd*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Punta Gorda, FL *Punta Gorda, FL*

Zip Country Zip Country
33982 *33982*

4. FEI Number Applied For
91-1397024 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

HULSLANDER, GARY L
448 FAIRMONT TERRACE
PORT CHARLOTTE, FL 33954

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: *Gary L Hulslander* **HULSLANDER GARY L** *2/23/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	HULSLANDER, TERRIE L	
STREET ADDRESS	448 FAIRMONT TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	VST	<input type="checkbox"/> Delete
NAME	HULSLANDER, GARY L	
STREET ADDRESS	448 FAIRMONT TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NILES, JOSEPH B	
STREET ADDRESS	448 FAIRMONT TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gary L Hulslander* **GARY L HULSLANDER** *2/23/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1941 916 0505