

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90190 008 ***150.00

DOCUMENT # F04000003500

1. Entity Name

HARD ROCK TOOL, INC.



Principal Place of Business

556 FLORIDA CENTRAL PARKWAY #1008
LONGWOOD FL 32750

Mailing Address

~~1808 E. BALL ROAD~~
~~ANAHEIM CA 92805~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

960 EAST DISCOVERY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ANAHEIM, CA

4. FEI Number

33-0657260

Applied For

Not Applicable

Zip

Country

Zip

92801-1149

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVLIN, DANIEL H
556 FLORIDA CENTRAL PARKWAY #1008
LONGWOOD FL 32750

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 reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	DEVLIN, DANIEL H	
STREET ADDRESS	5851 S. OHIO STREET	
CITY - ST - ZIP	YORBA LINDA CA 92886	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DEVLIN, MICHAEL B	
STREET ADDRESS	6783 W. 98TH CIRCLE	
CITY - ST - ZIP	WESTMINSTER CO 80021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(714) 422-1242