

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000609

1. Entity Name
HARDIN MARINE PRODUCTS, INC.



Principal Place of Business
**5725 REDWOOD DRIVE
ROHNERT PARK, CA**

Mailing Address
**5725 REDWOOD DRIVE
ROHNERT PARK, CA**



05202008 No Chg-P CR2E034 (11/05)

4. FEI Number
27-0015293

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAYS, MICHAEL L
11 INDUSTRY DRIVE
PALM COAST, FL 32137**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PRICE, SCOTT**
STREET ADDRESS **5725 REDWOOD DRIVE**
CITY-ST-ZIP **ROHNERT PARK, CA**

TITLE **VP**
NAME **MAYS, MICHAEL**
STREET ADDRESS **5725 REDWOOD DRIVE**
CITY-ST-ZIP **ROHNERT PARK, CA**

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IN THIS SPACE**

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05/04/08-80057-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michael Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/08 707-585-9871
Date Daytime Phone #