

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90006 008 \*\*\*\*61.25

**50001843**



01032005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # F93000002897</b> 1. Entity Name <b>HARDER FOUNDATION, INC.</b>					
Principal Place of Business <b>5051 CASTELLO DRIVE SUITE 20 NAPLES, FL 34103 US</b>			Mailing Address <b>5051 CASTELLO DRIVE SUITE 20 NAPLES, FL 34103 US</b>		
2. Principal Place of Business <b>5051 Castello Drive</b>		3. Mailing Address <b>5051 Castello Dr</b>			
Suite, Apt. #, etc. <b>Suite 11</b>		Suite, Apt. #, etc. <b>Suite 11</b>			
City & State <b>Naples</b>		City & State <b>Naples FL</b>			
Zip <b>34103</b>	Country <b>USA</b>	Zip <b>34103</b>	Country <b>USA</b>	4. FEI Number <b>38-6048242</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LANGBAUER, ROBERT 5051 CASTELLO DRIVE SUITE 11 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Robert Langer</i></u> DATE <u>1/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGBAUER, WILLIAM 5704 DRAKE ST MIDLAND, MI <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LANGBAUER, DEL 401 BROADWAY TACOMA, WA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANGBAUER, ROBERT 5240 TEAK WOOD DR NAPLES, FL 34119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERBST, JAY 4377 CHARING WAY BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIGGERS, JOHN 89 N BALDWIN RD CLARKSTON, MI 48348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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.					
<b>SIGNATURE:</b> <u><i>Robert Langer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	