

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002897**

1. Entity Name  
**HARDER FOUNDATION, INC.**



Principal Place of Business  
**5051 CASTELLO DRIVE  
SUITE 11  
NAPLES, FL 34103 US**

Mailing Address  
**5051 CASTELLO DRIVE  
SUITE 11  
NAPLES, FL 34103 US**



01062007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-6048242**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LANGBAUER, ROBERT  
5051 CASTELLO DRIVE  
SUITE 11  
NAPLES, FL 34103**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000598726  
01/24/07-80085-017 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGBAUER, WILLIAM 5704 DRAKE ST MIDLAND, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LANGBAUER, DEL 401 BROADWAY TACOMA, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANGBAUER, ROBERT 5240 TEAK WOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERBST, JAY 4377 CHARING WAY BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIGGERS, JOHN 89 N BALDWIN RD CLARKSTON, MI 48348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/07**

Date

**239-649-0865**

Daytime Phone #