

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 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**



01042008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

UD00000786667  
01/17/08-80051-003 61.25

**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

Date

Daytime Phone #

**ROBERT LANGBAUER**

**1/5/08 239-649-0565**