


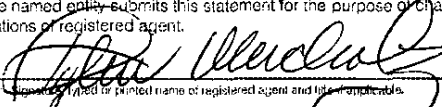
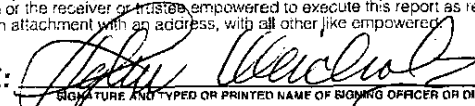
FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

24001257



DOCUMENT # F98000001983			
1. Entity Name HARDYSTON REALTY CORP. OF NEW JERSEY			
Principal Place of Business 210 UNIVERSITY DRIVE SUITE 900 CORAL SPRINGS, FL 33071		Mailing Address P O BOX 770668 CORAL SPRINGS, FL 33077-0668	
2. Principal Place of Business 925 S. Federal Hwy		3. Mailing Address 925 S. Federal Hwy	
Suite, Apt #, etc. Suite 715		Suite, Apt. #, etc. Suite 715	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432		Zip 33432	
Country		Country	
01052004		Chg-P	
CR2E034 (10/03)		4. FEI Number 22-3183213	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required: <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent WEICHOLZ, STEPHEN 210 UNIVERSITY DRIVE, SUITE 900 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Stephen Weicholz Street Address (P.O. Box Number is Not Acceptable) 925 S. Federal Hwy Suite 715 City Boca Raton FL Zip Code 33432	
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 01/05/2004	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEICHOLZ, STEPHEN 210 UNIVERSITY DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Stephen Weicholz 925 S. Federal Hwy Boca Raton, FL 33432 <input checked="" 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
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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 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: 		President 01/05/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time/Phone #	