

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90061 001 ***450.00

DOCUMENT # G17811
 1. Entity Name
HARDERS HOLDING COMPANY, INC.



Principal Place of Business Mailing Address
5521 E. HIGHWAY 98 PANAMA CITY FL 32404 **5521 E. HIGHWAY 98 PANAMA CITY FL 32404**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 State, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **59-2311201** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
HARDERS, HOLTON-H.
5521 EAST HIGHWAY 98
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	CRITTENDEN, WILLIAM N	
STREET ADDRESS	2004 WEST 29TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDERS, H.H.	
STREET ADDRESS	2865 TUPELO DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARDERS, H. JACOB	
STREET ADDRESS	2865 TUPELO DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COSTELLO, JOHN J	
STREET ADDRESS	919 DEWITT ST	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Holton H Harders* **HOLTON H HARDERS** **4-21-08** **850-874-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #