

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03666

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: ROCK HARD DESIGNS, INC.

## Current Principal Place of Business:

16 N. PALAFOX STREET  
PENSACOLA, FL 32502 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. DRAWER 12506  
PENSACOLA, FL 325912506 US

## New Mailing Address:

FEI Number: 59-2436326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDON, JR., A. G.  
30 SOUTH SPRINGS STREET  
PENSACOLA, FL 32501 US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HARD, GREGORY,  
Address: 100 E COUNTY HWY 30A  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: TSD ( ) Delete  
Name: HARD-SLEPSKY, HELEN,  
Address: 5221 FLAXMAN ST APT #119  
City-St-Zip: PENSACOLA, FL 32506

Title: V ( ) Delete  
Name: HARD, CARLA  
Address: 100 E. COUNTY HWY 30A  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: VD ( ) Delete  
Name: HARD, THAYA M  
Address: 1608 WOODLAWN BCH RD  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: SPENCER, JEFFERY D  
Address: 2345 BRIGHTVIEW PL  
City-St-Zip: CANTONMENT, FL 32533

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L HARD

PD

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date