



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H62160</b> 1. Entity Name <b>BARDIN PROPERTIES, INC.</b>					
Principal Place of Business <b>% F. BROOKS HERMAN 161 FLORADANDY RD HAWTHORNE FL 32640 US</b>				Mailing Address <b>% F. BROOKS HERMAN 161 FLORADANDY RD HAWTHORNE FL 32640 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-2565331</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E034 (10/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>HERMAN, F. BROOKS 161 FLORADANDY RD HAWTHORNE, FL . FL 32640</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HERMAN, F.BROOKS 161 FLORADANDY RD HAWTHORNE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	0000000603625 01/29/07-80022-002 150.00
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 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.					
<b>SIGNATURE:</b> <i>F. Brooks Herman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-22-2007      352-481-3951 Date      Daytime Phone #	