

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90061 040 ***150.00

DOCUMENT # L90242

1. Entity Name

HARDMAN FINANCIAL GROUP, INC.



Principal Place of Business

6000 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

Mailing Address

6000 OKEECHOBEE BLVD.
~~STE 217~~
WEST PALM BEACH FL 33417

54029561



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc. **SUITE 2100**

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc. **SUITE 2100**

City & State

Zip

Country

4. FEI Number

65-0210976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDMAN, MICHAEL T
6000 OKEECHOBEE BLVD., STE 2100
WEST PALM BEACH FL 33417

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 **P** ☐ Delete
NAME **HARDMAN, MICHAEL T**
STREET ADDRESS **6000 OKEECHOBEE BLVD., STE 2100**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **VP** ☐ Delete
NAME **HARDMAN, TINA M**
STREET ADDRESS **1531 NORTH J TERRACE**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Tina M. Hardman

TINA M. HARDMAN

3/29/04 561-689-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #