2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# L91806

Entity Name: HARDY OCALA DEVELOPERS, INC.

Current Principal Place of Business:

288 ARAGON AVENUE
SUITE D
CORAL GABLES, FL 33134

New Principal Place of Business:

2031 ROBERTS POINTE DRIVE
WINDERMERE, FL 34786 US

Current Mailing Address:

P.O. BOX 772637
OCALA, FL 34477

New Mailing Address:

P.O. BOX 772637
OCALA, FL 34477 US

FEI Number: 59-3115546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISCHAFF, RICHARD V
288 ARAGON AVENUE
SUITE D
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LENNON, DAVID V
P.O. BOX 893
WINDERMERE, FL 34786 US

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: DAVID M. LENNON 04/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BISCHOFF, RICHARD J
Address: 288 ARAGON AVENUE SUITE D
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: LENNON, DAVID
Address: P.O. BOX 893
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP-S (X) Change ( ) Addition
Name: LENNON, DAVID
Address: P.O. BOX 893
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID M. LENNON VP-S 04/06/2004
Electronic Signature of Signing Officer or Director Date