2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M35426

1. Entity Name
HARDWOOD DESIGN, INC.

Principal Place of Business	Mailing Address
805 NW 2ND AVE	805 NW 2ND AVE
BOCA RATON, FL 33432 US	BOCA RATON, FL 33432 US

DO NOT WRITE IN THIS SPACE

02182005   No Chg-P   CR2E034 (10/03)

4. FEI Number | Applied For
59-2709181 | Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, PATRICIA
805 NW BOCA RATON BLVD
BOCA RATON, FL 33432

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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 _Patricia Palmer_

Signature. typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)

DATE 2/18/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PALMER, PATRICIA
STREET ADDRESS	805 NW BOCA RATON
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	TS
NAME	BURKHARDT, TONYA
STREET ADDRESS	805 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	VP
NAME	BURKHART, JOHN R
STREET ADDRESS	805 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/21/05-80039-024 158.75

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05   561-395-6500
Date   Daytime Phone #