2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002094

1. Entity Name
HURT B.A.D.D., INC.

Principal Place of Business	Mailing Address
677 CARIBBEAN RD. SATELLITE BEACH, FL 32937-4028	677 CARIBBEAN RD. SATELLITE BEACH, FL 32937-4028

DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3179586
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARTMANN, JUNE
677 CARIBBEAN RD.
SATELLITE BEACH, FL 32937-4028

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

Filing Fee is $61.25
Due by May 1, 2004

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

000000141986
04/30/04-80034-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HARTMANN, JUNE
STREET ADDRESS	677 CARIBBEAN RD.
CITY-ST-ZIP	SATELLITE BEACH, FL 329374028
TITLE	VTD
NAME	FLAGG, SALLY
STREET ADDRESS	311 ELLIOT ST.
CITY-ST-ZIP	SOUTH NATICK, MA
TITLE	VPD
NAME	KADUSHY, ED
STREET ADDRESS	1222 SEMINOLE STREET
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32934
TITLE	TD
NAME	LEAR, DONALD
STREET ADDRESS	1024 PARK DR. #4
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	SD
NAME	WATERS, BRUCE
STREET ADDRESS	1934 QUAIL TRAIL
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
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 617, 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: Donald Lear Donald Lear 4/28/04 (321)779-8707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #