2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000050252 HARDTIMES JAX, INC.



Principal Place of Business

Mailing Address

5231 SANTA MONICA BLVD N JACKSONVILLE, FL 32207

5231 SANTA MONICA BLVD N JACKSONVILLE, FL 32207

FILED Apr 16, 2007 08:00 AM Secretary of State



02042007

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3726997

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

NIEDERKORN, DONNA 5231 SANTA MONICA BLVD N JACKSONVILLE, FL 32207

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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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NIEDERKORN, ANDY NAME 5231 SANTA MONICA BLVD N STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP MLE U00000708337 04/24/07=80109=016¥05050 NIEDERKORN, DONNA NAME 5231 SANTA MONICA BLVD N STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP TITLE NAME STREET ADDRESS DONOTWRITE CITY-ST-ZIP IN THIS SPACE TIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 truetee 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

TTDF NAME STREET ADDRESS CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-424-210