


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000051181 1. Entity Name HARDCO, INC.	
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Principal Place of Business 14329 DAHLONEGA LANE JACKSONVILLE, FL 32224	Mailing Address 14329 DAHLONEGA LANE JACKSONVILLE, FL 32224
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03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. F.E.I. Number 59-3722532	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HARDIN, JIM G
14329 DAHLONEGA LANE
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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]
Sign in blue-inked, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

3-29-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000034677
03/31/04-80012-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIN, JIM G 14329 DAHLONEGA LANE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIN, DEBRA J 14329 DAHLONEGA LANE JACKSONVILLE, FL 32224
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**DO NOT WRITE
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)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #