2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

.DOCUMENT # P01000107456 1. Entity Name HARDEN GOLF & RECREATIONAL SURFACES, INC.							Secretary of State					
Principal Place of Business 3634 HENDRICKS AVE JACKSONVILLE FL 32207			Mailing Address 3634 HENDRICKS AVE JACKSONVILLE FL 32207									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt #, etc				MOOR	E #	CR2E034	(11/03)		
City & State			City & State	-	4. FEI	4. FEI Number 80-0024546 Applied For Not Applicable						
Zip		Country	Zıp	Cou	ntry		tificate of Status			\$8.75 Ad Fee Requin	iditional ed	
	6. Name	and Address of Curre	nt Registered Agent		Name	7. Nar	ne and Address	of New Re	egistered ,	Agent		
363	4 HENDR	EPHEN L NCKS AVE LLE FL 32207				ess (P.O. Box	Number is Not.	Acceptable				
<u></u>					City				FL	Zip Co		
	named entity tions of regist	y submits this statement lered agent.	t for the purpose of ch	anging its registe	red office or regi	istered ageni	, or both, in the	State of Flo	rida. Lam	tamiliar with	, and accept	
SIGNATURE.	Signature typed	or printed name of registered ag	ent and title il applicable	(NOTE Register	red Agent signature req	gured when reinst	aling)		DATE			
Afte	r May 1, 200	!! FEE IS \$150.00 04 Fee will be \$550.0 o Florida Department	, ,				9. Election Ca Trust Fund			\$5.5 D Adde	00 May Be ed to Fees	
10.		OFFICERS AN	ND DIRECTORS	11	······································	ADDI	TIONS/CHANG	ES TO OFFI	CERS AND			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	} ·	STEVE DRICKS AVE VILLE FL 32207		sn	reet adoress Ty+St-789		U(02/0	000 00 03 5,/04-8(37844 3116-01	□ Change .02 150	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			0.		3	,				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NA ST	3					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				sı	ILE ME REET ADDRESS IY-ST-ZIP					☐ Change	☐ Addition	
HTLE NAME STREET ADDRESS CITY-ST-ZIP				na St	ile Me Reet address IY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST- ZIP				NA ST	TLE ME REET ADDRESS TY+ST-ZIP					☐ Change	☐ Addition	
12. I hereby indicated of the corchanged	certify that the identification on this reportation or the identification or the identification on an attention or the identification of the identificatio	e information supplied v rt or supplemental repo- he receiver or trustee er achinent with an addres	with this filing does not it is true and accurate noowered to execute is with all other like er	t qualify for the ex and that my sign this report as requipowered.			9.07(3)(i), Florid, pai effect as if m Statutes, and th					

FILED

Feb 06 2004 08:00 AM