


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000114905</b> 1. Entity Name <b>HARDY'S TRACTOR, TRUCKING &amp; EXCAVATING, INC</b>	
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Principal Place of Business <b>3603 COUNTY ROAD 547 NORTH DAVENPORT, FL 33837</b>	Mailing Address <b>3603 COUNTY ROAD 547 NORTH DAVENPORT, FL 33837</b>
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>92-0182629</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GIDDENS, JULIA G 3603 COUNTY ROAD 547 NORTH DAVENPORT, FL 33837</b>
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**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000416703  
02/13/06-80025-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIDDENS, JAMES H 3603 COUNTY ROAD 547 NORTH DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIDDENS, JULIA G 3603 COUNTY ROAD 547 NORTH DAVENPORT, FL 33837
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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 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 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: Julia G. Giddens Vice Pres. 1/25/2006 763-424-2263  
JULIA G. GIDDENS Date Daytime Phone #