


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90071 032 \*\*\*150.00

**DOCUMENT # P03000016219**

1. Entity Name  
**HARDING CUSTOM CONTRACTORS, INC.**



Principal Place of Business      Mailing Address  
**14027 ANGLE RD**      **14027 ANGLE RD**  
**HUDSON FL 34669**      **HUDSON FL 34669**

**94038463**



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**10014 Grove Drive**      **10014 Grove Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Port Richey, FL**      **Port Richey, FL**  
 Zip      Country      Zip      Country  
**34668**      **PASCO**      **34668**      **PASCO**

4. FEI Number      Applied For  
**45-0501289**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARDING, LORI**  
**14027 ANGLE RD**  
**HUDSON FL 34669**

7. Name and Address of New Registered Agent  
 Name **Lori Harding**  
 Street Address (P.O. Box Number is Not Acceptable) **10014 Grove Drive**  
 City **Port Richey**      FL      Zip Code **34668**

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 **Lori Harding Pres.**      DATE **3/24/04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	HARDING, LORI	
STREET ADDRESS	14027 ANGLE RD	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARDING, RANDY	
STREET ADDRESS	14027 ANGLE RD	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, LORI	
STREET ADDRESS	10014 Grove Drive	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, RANDY	
STREET ADDRESS	10014 Grove Drive	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: **Lori Harding Pres.**      DATE **3/24/04**      DAYTIME PHONE # **727-863-1149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #