## 2004 FOR PROFIT CORPORATION-ANNUAL REPORT (AR)

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000064949** 04-30-2004 90301 034 \*\*\*150.00 HARDING MANAGEMENT CORP. Principal Place of Business Mailing Address 4596 PEBBLE BAY SOUTH 4596 PEBBLE BAY SOUTH VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 222389084 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHOEN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4596 PEBBLE BAY SOUTH VERO BEACH FL 32963 City Zin Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, TREASURER, DIRECTOR & Change TITLE Delete TITLE NAME SCHOEN, ROBERT J NAME Schoen, Robert J. 4596 PEDBLE BAY SOUTH 4596 PEBBLE BAY SOUTH STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP Verso Beach, Fl 32963 TITLE ☐ Delete VICE PASSIDENT, DE METE M. Schoon LEADNETE M. 4596 PEBBLE BAY South VICE PASSIDENT, SEE RETARY DIRECTOR TO Change TITI F NAME SCHOEN, JENNETTE M NAME STREET ADDRESS 4596 PEBBLE BAY SOUTH STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Vero Beach, Fl. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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.