

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000030189

1. Entity Name
JUSTIN L. HARDEN, P.A.



Principal Place of Business
5900 IMPERIAL LAKES BLVD.
MULBERRY, FL 33860 US

Mailing Address
404 ALDERMAN RD.
LAKELAND, FL 33810 US



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0741380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDEN, JUSTIN L
404 ALDERMAN RD.
LAKELAND, FL 33810

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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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARDEN, JUSTIN L
STREET ADDRESS	404 ALDERMAN RD.
CITY-ST-ZIP	LAKELAND, FL 33810

TITLE	VP
NAME	HARDEN, PATTY L
STREET ADDRESS	404 ALDERMAN RD
CITY-ST-ZIP	LAKELAND, FL 33810

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/07-80019-022 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #