## 2005 FOR PROFIT CORPORATION

## Jul 13, 2005 8:00 am Secrétary of State ANNUAL REPORT DOCUMENT # P04000062703 07-13-2005 90019 030 \*\*\*150.00 W.R. HARDEN, INC. 14018871 Mailing Address Principal Place of Business 1 MARINA COVE DRIVE 1 MARINA COVE DRIVE NICEVILLE, FL 32578 NICEVILLE, FL 32578 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082005 CR2E034 (10/03) City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM R. HARDEN Street Address (P.O. Box Number is Not Acceptable) 1 MARINA COVE DRIVE NICEVILLE, FL 32578 City Zip 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 tale if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ☐ Addition TITLE HARDEN, WILLIAM R NAME NAME 1 MARINA COVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-7(P VΡ ☐ Delete □ Change Addition TITLE TITLE HARDEN, WILLIAM R NAME NAME STREET ADDRESS STREET ADDRESS 1 MARINA COVE DRIVE CITY-ST-ZIP CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SHELTON, STEPHEN B NAME NAME 319 FAIRWOOD DRIVE STREET ADDRESS STREET ADDRESS NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITE ■ Addition TITLE SHELTON, STEPHEN B NAME NAME 319 FAIRWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP NICEVILLE, FL 32578 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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

**SIGNATURE** 

changed, or on an at

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ment with an address.

Daytime Pfiche # Date

FILED

## ATTACHMENT

To whom this may concern,

I am writing in reference to our profit corporation fee . This report was handled by our CPA, Steve Shelton, last year and to be honest I was unaware of the fee..

We are a new business, so when I received the notice, I put it with other reports to take to our CPA, not knowing that it was already due. If you will, please take into consideration that we are new business and that this will not happen again, it would be much appreaciated.

Thank you, Jan Bogan, General Mgr.