


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000062703		
1. Entity Name W.R. HARDEN, INC.		
Principal Place of Business 1 MARINA COVE DRIVE NICEVILLE, FL 32578 US	Mailing Address 1 MARINA COVE DRIVE NICEVILLE, FL 32578 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAM R. HARDEN 1 MARINA COVE DRIVE NICEVILLE, FL 32578		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	HARDEN, WILLIAM R	
STREET ADDRESS	1 MARINA COVE DRIVE	
CITY - ST - ZIP	NICEVILLE, FL 32578	
TITLE	VP	
NAME	HARDEN, WILLIAM R	
STREET ADDRESS	1 MARINA COVE DRIVE	
CITY - ST - ZIP	NICEVILLE, FL 32578	
TITLE	SEC	
NAME	SHELTON, STEPHEN B	
STREET ADDRESS	319 FAIRWOOD DRIVE	
CITY - ST - ZIP	NICEVILLE, FL 32578	
TITLE	TR	
NAME	SHELTON, STEPHEN B	
STREET ADDRESS	319 FAIRWOOD DRIVE	
CITY - ST - ZIP	NICEVILLE, FL 32578	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>Wm R Harden (Pres)</u>		<u>4/28/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1032672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/23/08-80039-017 150.00

**DO NOT WRITE
IN THIS SPACE**