

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

09 MAY 19 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1032672

Applied For
Not Applicable

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

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

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, 2008 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, 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	

400156158484
05/19/09--01015--009 **150.00

\$3519

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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

4/20/09 850-5856107
Date Daytime Phone #