

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000163804

1. Entity Name

HARDESTY FLOORING, INC.



**FILED  
May 02, 2008 8:00 am  
Secretary of State**

05-02-2008 90118 042 \*\*\*150.00



1st MOORE CR2E034 (10/07)

|   |                   |  |                   |
|---|-------------------|--|-------------------|
| Principal Place of Business<br>1410 BENNETT ROAD<br>ORLANDO FL 32803<br>US  |                   | Mailing Address<br>1410 BENNETT ROAD<br>ORLANDO FL 32803<br>US |                   |
| 2. Principal Business - No P.O. Box #<br>1410 BENNETT Rd.   |                   | 3. Suite, Apt. #, etc.<br>1410 BENNETT Rd.                     |                   |
| City & State<br>ORL. FL.  |                   | City & State<br>ORL. FL.                                       |                   |
| Zip<br>32803  | Country<br>ORANGE | Zip<br>32803   | Country<br>ORANGE |
| 6. Name and Address of Current Registered Agent<br><br>HARDESTY, HARRY E<br>1410 BENNETT ROAD<br>ORLANDO FL 32803                 |                   |  |                   |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 title, if applicable.)

(NOTE: Registered Agent signature required when voluntary)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

|  |  |   |  |   |
|--|--|---|--|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/S<br>HARDESTY, HARRY E<br>1410 BENNETT ROAD<br>ORLANDO, FL 32803 | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4-17-08

4078985549

Date

Daytime Phone #