2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 27, 2006 8:00 am
Secretary of State
05-01-2006 90460 023 ***150.00

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1. Entity Name
HARDCORE H20, INC.

Principal Place of Business	Mailing Address
80 SURFVIEW DR APT 710 PALM COAST, FL 32137	80 SURFVIEW DR APT 710 PALM COAST, FL 32137

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
200 N. Railroad St Suite, Apt. #, etc.	P.O. Box 1593 Suite, Apt. #, etc.
City & State: Bunnell Fl	City & State: Bunnell Fl
Zip: 32110 Country: Flagler	Zip: 32110 Country: Flagler

4. FEI Number 71-0984360 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNIGHT, JERRY C 4721 E MOODY BLVD BLDG 5 STES 505 &506 BUNNELL, FL 32110	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NEMEC, JEFFREY L 80 SURFVIEW DR APT 710 PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Willoughby Billy D P.O. Box 1593 Bunnell Fl 32110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BOWMAN, NEESHA R 80 SURFVIEW DR APT 710 PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Willoughby, Joy D. PO Box 1593 Bunnell Fl 32110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILLOUGHBY, BILLY D PO BOX 1593 BUNNELLAST, FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WILLOUGHBY, JOY D PO BOX 1593 BUNNELLAST, FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Joy D Willoughby 4-24-06 386-586-2496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #