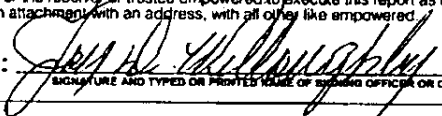


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 27, 2006 8:00 am
Secretary of State

05-01-2006 90460 023 ***150.00

DOCUMENT # P05000088677			
1. Entity Name HARDCORE H20, INC.			
Principal Place of Business 80 SURFVIEW DR APT 710 PALM COAST, FL 32137		Mailing Address 80 SURFVIEW DR APT 710 PALM COAST, FL 32137	
2. Principal Place of Business 200 W. Railroad St Suite, Apt. #, etc.		3. Mailing Address PO Box 1593 Suite, Apt. #, etc.	
City & State Bunnell FL		City & State Bunnell FL	
Zip 32110		Country Flagler	
6. Name and Address of Current Registered Agent KNIGHT, JERRY C 4721 E MOODY BLVD BLDG 5 STES 505 & 506 BUNNELL, FL 32110		4. FEI Number 71-0984360 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent	
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.		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 PO 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: 		4-24-06 386-580-2776	