


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000131435 1. Entity Name HARDLINE ENTERPRISES, INC.	
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FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business 2400 U.S. HIGHWAY 27 SOUTH SUITE 2301, BUILDING NO. 2(B) CLERMONT, FL 34711	Mailing Address 2400 U.S. HIGHWAY 27 SOUTH SUITE 2301, BUILDING NO. 2(B) CLERMONT, FL 34711
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07242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5706059	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RICKMAN, JUSTIN
450 EAST HIGHWAY 50
SUITE 7
CLERMONT, FL 34711**

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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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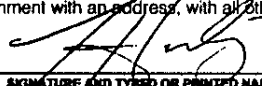
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LYNN, JEFFREY M JR. 11421 MARSEILLES BOULEVARD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARDING, TODD A 11709 FOXGLOVE DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **TODD HARDING** **7-22-08** **352-243-7845**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #