


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90078 031 \*\*\*150.00

**DOCUMENT # P18901**

1. Entity Name  
**HARDY BUILDING CORPORATION**



Principal Place of Business      Mailing Address

**4356 BONNEY RD.  
 1-101  
 VIRGINIA BEACH, VA 23452-1200 US**

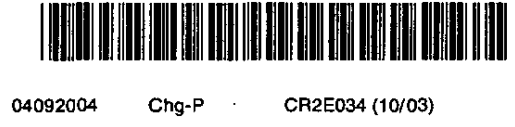
**4356 BONNEY RD.  
 1-101  
 VIRGINIA BEACH, VA 23452-1200 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number  
**54-0936792**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDY, C.F.	
STREET ADDRESS	616 HOLLY GATE LN	
CITY-ST-ZIP	CHESAPEAKE, VA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE TERRY	
STREET ADDRESS	1545 DEY COVE DR	
CITY-ST-ZIP	VIRGINIA BEACH, VA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARDY, ELIZABETH	
STREET ADDRESS	616 HOLLY GATE LN	
CITY-ST-ZIP	CHESAPEAKE, VA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FROST, DONNA L	
STREET ADDRESS	4812 ALGONAC AVE	
CITY-ST-ZIP	VIRGINIA BEACH, VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, JOHN M	
STREET ADDRESS	13205 SW 3RD AVENUE	
CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, M., M.	
STREET ADDRESS	401 BRACEY WAY	
CITY-ST-ZIP	CHESAPEAKE, VA 23323	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2371 SW 79th Dr.
CITY-ST-ZIP	Gainesville, FL 32607
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Donna L. Frost* **Donna L. Frost, V/T/D** **04/16/2004** **757-463-5666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #