
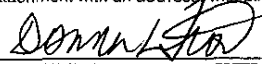


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P18901</b>					
<b>1. Entity Name</b> <b>HARDY BUILDING CORPORATION</b>					
<b>Principal Place of Business</b> <b>4356 BONNEY RD.</b> <b>1-101</b> <b>VIRGINIA BEACH, VA 23452-1200 US</b>			<b>Mailing Address</b> <b>4356 BONNEY RD.</b> <b>1-101</b> <b>VIRGINIA BEACH, VA 23452-1200 US</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>54-0936792</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE, FL 32301</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, C.F.		NAME		
STREET ADDRESS	616 HOLLY GATE LN		STREET ADDRESS		
CITY-ST-ZIP	CHESAPEAKE, VA		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE TERRY		NAME		
STREET ADDRESS	1545 DEY COVE DR		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, ELIZABETH		NAME		
STREET ADDRESS	616 HOLLY GATE LN		STREET ADDRESS		
CITY-ST-ZIP	CHESAPEAKE, VA		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FROST, DONNA L		NAME		
STREET ADDRESS	4812 ALGONAC AVE		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JOHN M		NAME		
STREET ADDRESS	13205 SW 3RD AVENUE		STREET ADDRESS	2371 SW 79th Dr.	
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, M., M.		NAME		
STREET ADDRESS	401 BRACEY WAY		STREET ADDRESS		
CITY-ST-ZIP	CHESAPEAKE, VA 23323		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>Donna L. Frost, V/T/D</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>04/16/2004</b> <small>Daytime Phone #</small> <b>757-463-5666</b>		