


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000051859 1. Entity Name HARDIN HOLDINGS, INC.	
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Principal Place of Business 5615 NOVA ROAD ST. CLOUD, FL 34771 US	Mailing Address 5615 NOVA ROAD ST. CLOUD, FL 34771 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3206680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUTLEDGE, GARY R 215 SOUTH MONROE STREET., STE 420 TALLAHASSEE, FL 32301

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARDIN, DANIEL 5645 NOVA ROAD ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NICHOLSON, STEPHEN D 5625 NOVA RD ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NICHOLSON, JANICE E 5625 NOVA ROAD ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/06/05-80014-020 150.00

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: <i>Janice E. Nicholson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Janice E. Nicholson	01-04-05	407-957-3100
		Date	Daytime Phone #