

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90039 025 \*\*\*150.00

**DOCUMENT # P93000051859**

1. Entity Name  
**HARDIN HOLDINGS, INC.**



Principal Place of Business  
**2987 CENTER PORT CIRCLE  
SUITE 3  
POMPANO BEACH, FL 33064 US**

Mailing Address  
**2987 CTRPORT CIR 3  
POMPANO BEACH, FL 33064 US**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3206680**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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  
After May 1, 2008 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  
NAME HARDIN, DANIEL  
STREET ADDRESS **3700 N.E. 27 AVE.**  
**6045 NOVA ROAD LIGHTHOUSE POINT, FL**  
CITY-ST-ZIP **ST. CLOUD, FL 34771 33064**

TITLE S  
NAME NICHOLSON, STEPHEN D  
STREET ADDRESS **5625 NOVA RD P.O. BOX 66**  
CITY-ST-ZIP **ST CLOUD, FL 34771 MORRIS, GA 39867**

TITLE T  
NAME NICHOLSON, JANICE E  
STREET ADDRESS **5625 NOVA ROAD P.O. BOX 66**  
CITY-ST-ZIP **ST CLOUD, FL 34771 MORRIS, GA 39867**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #