

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000039854</b> 1. Entity Name <b>ROBERT T. HARDEMAN COMPANY</b>		<b>FILED</b> <b>Apr 28, 2005 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>315 SUMMIT DR. DESTIN FL 32541</b>		Mailing Address <b>315 SUMMIT DR. DESTIN FL 32541</b>	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>HARDEMAN, ROBERT T 315 SUMMIT DR. DESTIN FL 32541</b>		4. FEI Number <b>59-3380530</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Barcode <b>1st MOORE CR2E034 (10/04)</b>	
6. Name and Address of Current Registered Agent <b>HARDEMAN, ROBERT T 315 SUMMIT DR. DESTIN FL 32541</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 2 Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP PSD HARDEMAN, ROBERT T 315 SUMMIT DR. DESTIN FL 32541 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY- ST- ZIP U00000338473 04/28/05-80038-011 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the estate empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 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 <b>April 26, 2005</b> Daytime Phone # <b>850 837 063</b>	