2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AN **DOCUMENT # P97000000498 Secretary of State** 1. Entity Name HARDY & HARDY, INC. Principal Place of Business Mailing Address 9375 HWY 98 W 9375 HWY 98 W SUITE 2 SUITE 2 DESTIN, FL 32541 DESTIN, FL 32541 US US 01302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3422477 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HARDY, EDDY L SR DO NOT WRITE 9325 HWY 98 WEST SUITE 2 DESTIN, FL 32541 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 alle if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HARDY, EDDY L SR NAME 762 W 23 STREET STREET ADDRESS U00000620867 02/09/07-90055-008 150.00 CITY-ST-ZIP PANAMA CITY, FL 32405 VPST TITLE HARDY, MARY NAME STREET ADDRESS 3110 LANNY LANE PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-70P TILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 850-837-35NI

Daytime Phone #

FILED