


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000101705 1. Entity Name THE HARDIN GROUP, INC.	
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Principal Place of Business 4224 W. HENDERSON BLVD. ATTENTION: LEGAL DEPARTMENT TAMPA, FL 33629-5611	Mailing Address 4224 W. HENDERSON BLVD. ATTENTION: LEGAL DEPARTMENT TAMPA, FL 33629-5611
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3483877	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

DOMINGUEZ, J C
4224 W. HENDERSON BLVD.
TAMPA, FL 33629-5611

**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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

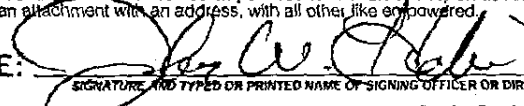
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIN, HENRY C III 4224 W. HENDERSON BLVD. TAMPA, FL 336295611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIN, JOHN 4224 W. HENDERSON BLVD. TAMPA, FL 336295611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIN, JACOB 4224 W. HENDERSON BLVD. TAMPA, FL 336295611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/06-80124-006 150.00

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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:  **5/25/06** **513-289-55**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #