

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000101705

1. Entity Name  
THE HARDIN GROUP, INC.



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



04232007 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"/>	<b>\$8.75</b> 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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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05/14/07-80038-003 150.00

**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 #

4/24/07 813-258-0293