

## ANNUAL REPORT

DOCUMENT # P98000023115

1. Entity Name  
THE HARDY GROUP, INC.

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90058 036 \*\*\*150.00

Principal Place of Business  
 1200 PLANTATION ISLAND DR S  
 STE 120  
 SAINT AUGUSTINE, FL 32080

Mailing Address  
 1200 PLANTATION ISLAND DR S  
 STE 120  
 SAINT AUGUSTINE, FL 32080

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042008

Chg-P

CR2E034 (12/06)

City &amp; State

City &amp; State

4. FEI Number

59-3501197

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HARDY, RICHARD L  
 209 FIDDLERS PT DR  
 SAINT AUGUSTINE, FL 32080

308 Viewpoint PL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PST  
 HARDY, RICHARD L  
 1200 PLANTATION ISL DR S, STE 120  
 SAINT AUGUSTINE, FL 32080

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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

Richard L. Hardy 2/8/08

Date

Daytime Phone #

904 471-5806