## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 06, 2004 8:00 am Secretary of State DOCUMENT # P98000044467 05-06-2004 90504 001 \*\*\*150.00 05-06-2004 90504 002 \*\*\*\*\*8.75 HARD-NOX PROPERTIES, INC. Principal Place of Business Mailing Address 66419871 110 N. DELAWARE BLVD. #16B 110 N. DELAWARE BLVD. #16B JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 03302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0841214 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, RODNEY B Street Address (P.O. Box Number is Not Acceptable) 110 N. DELARWARE BLVD. #16B JUPITER, FL 33458 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ■ Delete Teylor, Rodwey B TAYLOR, RODNEY B NAME NAME 110 N. DeLAWARE BLUB HAB. STREET ADDRESS 1192 TAYLOR WOOD CR STREET ADDRESS CITY-ST-ZIP TUSCALOOSA, AL 35405 CITY-ST-ZIP Supiter, FL 33458 Thange ☐ Addition TITLE ■ Delete TITLE TAYLOR, LINDA L NAME NAME (mpA ( STREET ADDRESS 1192 TAYLORWOOD CIR. STREET ADDRESS N. Delemore CITY-ST-ZIP TUSCALOOSA, AL 35405 CITY-ST-7IP TITLE Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADORESS €ITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE □ Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(6)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my afginature shall have the same legar 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 60% 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.

**FILED**