


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90062 040 \*\*\*158.75

<b>DOCUMENT # P98000044467</b> 1. Entity Name <b>HARD-NOX PROPERTIES, INC.</b>	
--	---

Principal Place of Business <b>110 N. DELAWARE BLVD. #16B JUPITER, FL 33458</b>	Mailing Address <b>110 N. DELAWARE BLVD. #16B JUPITER, FL 33458</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0841214</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TAYLOR, RODNEY B  
110 N. DELAWARE BLVD. #16B  
JUPITER, FL 33458**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

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	<b>PDST TAYLOR, RODNEY B 110 N. DELAWARE BLVD. 16B JUPITER, FL 33458</b>
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DM TAYLOR, LINDA L 110 N. DELEWARE BLVD. 16B JUPITER, FL 33458</b>
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**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 another like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-07 561-856-1112  
Date Daytime Phone #