


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000064478 1. Entity Name HARDCORE LIFESTYLES, INC.	
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Principal Place of Business
2620 NEWPORT DRIVE
FT. PIERCE, FL 34982

Mailing Address
2620 NEWPORT DRIVE
FT. PIERCE, FL 34982



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0938598	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DALEY, PAUL
2620 NEWPORT DRIVE
FT. PIERCE, FL 34982

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD DALEY, PAUL 2620 NEWPORT DRIVE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PRILIK, JONATHAN 2620 NEWPORT DRIVE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/12/04-80007-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul B. Daley, Jr. PAUL B. DALEY, JR. 01-06-04 772 468-8523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #