

FOR PROFIT CORPORATIC ANNUAL REPORT

For Office Use Only

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FILED

2008 MAR 20 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000 6478**

1. Entity Name

HARDLORE LIFESTYLES, INC



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

2620 Newport Dr

3. Mailing Address

2620 Newport Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State

Ft Pierce, FL

City & State

Ft Pierce, FL

4. FEI Number

65-0938598

Applied For

Not Applicable

Zip

34982

Country

USA

Zip

34982

Country

USA

5. Certificate of Status Desired

X

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DALEY, PAUL

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

2620 Newport Dr

City

Ft Pierce

FL

Zip Code

34982

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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.

000120918800

03/21/08--01011--011 **158.75

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

[Handwritten Signature]

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALEY, PAUL
STREET ADDRESS	2620 Newport Dr
CITY-ST-ZIP	Ft Pierce, FL 34982
TITLE	VD
NAME	PRILLIK, JONATHAN
STREET ADDRESS	2620 Newport Dr
CITY-ST-ZIP	Ft Pierce, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature: Paul R. Daley, Jr.]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-08

Date

Daytime Phone *