

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90018 003 ***150.00

DOCUMENT # P99000064660

1. Entity Name

HARDHEADS, INC.



Principal Place of Business

2590 HWY 98 EAST
CARRABELLE FL 32322

Mailing Address

2590 HWY 98 EAST
CARRABELLE FL 32322

54038894



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3591458**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAHAFFEY, CHARLES B
2590 HWY 98 EAST
CARRABELLE FL 32322

7. Name and Address of New Registered Agent

Name **Branch Mahaffey**
Street Address (P.O. Box is Not Acceptable) **2590 Hwy 98 E.**
Carrabelle, FL 32322
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

4-15-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MAHAFFEY, CHARLES B**
STREET ADDRESS **34 GILCREASE LN**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **V** ☐ Delete
NAME **STRICKLAND, WILLIAM**
STREET ADDRESS **6122 WEEPING WILLOW WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **ST** ☐ Delete
NAME **STRICKLAND, KRIS**
STREET ADDRESS **6122 WEEPING WILLOW WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04