


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

4/21

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90298 048 \*\*\*150.00

**DOCUMENT # P99000082155**  
 1. Entity Name  
**HARDY ENTERPRISES, INC.**



Principal Place of Business 138 SINCLAIR STREET SW PORT CHARLOTTE, FL 33952	Mailing Address 138 SINCLAIR STREET SW PORT CHARLOTTE, FL 33952
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**DO NOT WRITE IN THIS SPACE**

**66426611**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3597989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
**HARDY, ROBERT A JR**  
**138 SINCLAIR ST W**  
**PORT CHARLOTTE, FL 33952**

**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, 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	D HARDY, ROBERT A JR 138 SINCLAIR STREET SW PORT CHARLOTTE, FL 33952
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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 807, 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:** *Robert A Hardy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *June 1, 2004* Daytime Phone #: *941 624 6695*