

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08687

Entity Name: HARDIMAN BROTHERS, INC.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

5787 N APOPKA-VINELAND RD
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

5787 N APOPKA-VINELAND RD
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 59-3238388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BLAIR M.
425 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HARDIMAN, MICHAEL C
Address: 11729 PINE ST.
City-St-Zip: ORLANDO, FL

Title: TRES () Delete
Name: HARDIMAN, JOSEPH J
Address: 5787 N APOPKA-VINELAND
City-St-Zip: ORLANDO, FL 32818

Title: DIR () Delete
Name: HARDIMAN, CHARLES J
Address: 5787 N APOPKA-VINELAND
City-St-Zip: ORLANDO, FL 32818

Title: DIR () Delete
Name: HARDIMAN, THOMAS O
Address: 836 OLD POTSDAM-PARISHVILLE ROAD
City-St-Zip: POTSDAM, NY 13676

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. HARDIMAN

TRES

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date