2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08687

Entity Name: HARDIMAN BROTHERS, INC.

FILED Apr 23, 2009 Secretary of State

		AN BROTTERO, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	POPKA-VINEL D, FL 32818	AND RD US			
Current Mailing Address:			New Mailing Address:		
	POPKA-VINEL D, FL 32818	AND RD US			
FEI Number	: 59-3238388	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
425 SOUT	N, BLAIR M. TH DILLARD S GARDEN, FL				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (HARDIMAN, M 11729 PINE S' ORLANDO, FL	Г.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TRES (HARDIMAN, JO 5787 N APOPI ORLANDO, FL	(A-VINELAND	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (HARDIMAN, CI 5787 N APOPI ORLANDO, FL	(A-VINELAND	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	DIR () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH J. HARDIMAN TRES 04/23/2009

HARDIMAN, THOMAS O

POTSDAM, NY 13676

836 OLD POTSDAM-PARISHVILLE ROAD

Name:

Address:

City-St-Zip: