

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L41357

**Entity Name:** HARDEMAN LANDSCAPE NURSERY, INC.

**Current Principal Place of Business:**

3505 GALLAGHER RD.  
DOVER, FL 33527

**Current Mailing Address:**

P. O. BOX 1980  
SEFFNER, FL 33583 US

**FEI Number:** 59-3017629

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DRUMMOND, TEMPLE  
6987 E. FOWLER AVE.  
TAMPA, FL 33617 US

*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:** TEMPLE DRUMMOND

02/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVD  
Name HARDEMAN, JEFFREY W.  
Address 3505 N GALLAGHER ROAD  
City-State-Zip: DOVER FL 33527

Title STD  
Name HARDEMAN, STEPHANIE P.  
Address 3505 N GALLAGHER ROAD  
City-State-Zip: DOVER FL 33527

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEPHANIE HARDEMAN

**SECRETARY**

02/19/2024

Electronic Signature of Signing Officer/Director Detail

Date