### 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: LORI HARDING PRESIDENT

**Current Mailing Address:** 

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HARDING, LORI 10014 GROVE DR. SUITE A PORT RICHEY, FL 34668 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:

# Officer/Director Detail ·

Officer/Director Detail.			
Title	PST	Title	V
Name	HARDING, LORI	Name	HARDING, RANDY
Address	10014 GROVE DR, STE A	Address	10014 GROVE DR, STE A
City-State-Zip:	PORT RICHEY FL 34668	City-State-Zip:	PORT RICHEY FL 34668

# **2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

### DOCUMENT# P03000016219

Entity Name: HARDING CUSTOM CONTRACTORS, INC.

# **Current Principal Place of Business:**

10014 GROVE DR. SUITE A PORT RICHEY, FL 34668

10014 GROVE DR. SUITE A PORT RICHEY, FL 34668

# FEI Number: 45-0501289

Electronic Signature of Signing Officer/Director Detail

FILED Mar 31, 2020 Secretary of State 4478364181CC

Certificate of Status Desired: No

Date

03/31/2020 Date