


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000005040**  
 1. Entity Name  
**HARDY HARRIS INCORPORATED**



Principal Place of Business      Mailing Address  
**69 CEDAR CLIFF ROAD**      **11420 GOLF VIEW LANE**  
**RIVERSIDE, CT 06878**      **NORTH PALM BEACH, FL 33408**

**DO NOT WRITE IN THIS SPACE**



04222005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**06-1409608**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent  
**HARRIS, W. GIBSON II**  
**11420 GOLF VIEW LANE**  
**NORTH PALM BEACH, FL 33408**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HARRIS, W. GIBSON II
STREET ADDRESS	11420 GOLF VIEW LANE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	ST
NAME	HARRIS, PAMELA D
STREET ADDRESS	11420 GOLF VIEW LANE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: W. Gibson II      Date: 4/21/05      Day/Time Phone #: 561-776-0954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR