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# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

05 MAY 10 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P93000051059

1. Entity Name  
HARDIN DEVELOPMENT CORPORATION

Principal Place of Business  
5551 CORPORATE BOULEVARD., 2-A  
BATON ROUGE, LA 70808 US

Mailing Address  
P.O. BOX 66338  
BATON ROUGE, LA 70896-6338



04252005 No Chg-P CR2E034 (10/03)

MRS

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3206680 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

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IN THIS SPACE**

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	PD
NAME	REILLY, KEVIN JR
STREET ADDRESS	5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	VPTD
NAME	ISTRE, KEITH
STREET ADDRESS	5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	VP
NAME	REILLY, SEAN
STREET ADDRESS	5551 CORPORATE BOULEVARD 2-A
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	S
NAME	MCILWAIN, JAMES
STREET ADDRESS	5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	D
NAME	MARCHAND, GERALD H
STREET ADDRESS	5551 CORPORATE BOULEVARD, STE. 2A
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	D
NAME	STEWART, T. EVERET
STREET ADDRESS	5551 CORPORATE BOULEVARD, STE. 2A
CITY-ST-ZIP	BATON ROUGE, LA 70808

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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: Keith Istre Keith Istre 4/21/05 (225) 926-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #