


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000085503

1. Entity Name
MACRO-HARD, INC.



| | |
|---|---|
| Principal Place of Business 560 E. 6TH WAY GREENVILLE, FL 32331 | Mailing Address 560 E. 6TH WAY GREENVILLE, FL 32331 |
|---|---|



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3421824 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**JARRETT, BARBARA J
560 E. 6TH WAY
GREENVILLE, FL 32331**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HOOVER, DAWN R 233 COX RD. MONTICELLO, FL 32331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T YEAGER, FRANCES G 560 E. 6TH WAY GREENVILLE, FL 32331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M BARTOSZ, ELIZABETH 8885 NORTH ATLANTIC AVE. CAPE CANAVERAL, FL 32920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JARRETT, BARBARA J 560 E 6TH WAY GREENVILLE, FL 32331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/25/06-80046-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara J. Jarrett 1-18-06 850-997-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #