

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 390733	
1. Entity Name HARTRUN CORPORATION	

Principal Place of Business 10 JIMMY MARK PLACE ST AUGUSTINE, FL 32080-8427 US	Mailing Address 10 JIMMY MARK PLACE ST AUGUSTINE, FL 32080-8427 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2851179	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PELLICER, CHARLES E. 28 CORDOVA ST ST AUGUSTINE, FL 32084	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 _____
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HARTMANN, HANS-RUDOLF 10 JIMMY MARK PL ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HARTMANN, LENORA K. 10 JIMMY MARK PL ST AUGUSTINE, FL
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04/27/04-80082-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lenora K. Hartmann* **LENORA K. HARTMANN** *4/26/04* *404-471-5959*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #