

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90050 037 ***150.00

DOCUMENT # P02000129599					
1. Entity Name HART'S OUTDOOR, INC.					
Principal Place of Business 520 OHIO AVENUE LYNN HAVEN, FL 32444 US			Mailing Address P. O. BOX 98 LYNN HAVEN, FL 32444		
2. Principal Place of Business - No P.O. Box # 2840 Highway 231		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Panama City, FL		City & State		4. FEI Number 82-0576884	
Zip 32405		Country Bay		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, CAROLYN 520 OHIO AVE. LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name <u>Carolyn Hart</u> Street Address (P.O. Box Number is Not Acceptable) <u>2840 Highway 231</u> City <u>Panama City</u> FL Zip Code <u>32405</u>		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME HART, EDDIE R SR.		TITLE President	NAME Hart, Eddie Sr	
STREET ADDRESS 520 OHIO AVENUE	CITY-ST-ZIP LYNN HAVEN, FL 32444		STREET ADDRESS 2840 Highway 231	CITY-ST-ZIP Panama City, FL 32405	
TITLE PSTD	NAME HART, M. CAROLYN		TITLE ST	NAME Hart, Carolyn	
STREET ADDRESS 520 OHIO AVENUE	CITY-ST-ZIP LYNN HAVEN, FL 32444		STREET ADDRESS 2840 Highway 231	CITY-ST-ZIP Panama City, FL 32405	
TITLE VPD	NAME HART, EDDIE J JR		TITLE VP	NAME Hart, Eddie Jr	
STREET ADDRESS 520 OHIO AVE.	CITY-ST-ZIP LYNN HAVEN, FL 32444		STREET ADDRESS 2840 Highway 231	CITY-ST-ZIP Panama City, FL 32405	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>M. Carolyn Hart</u>			Date: <u>2-14-07 </u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

M Carolyn HART Sec/ITes