

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 137718

1. Entity Name
S.Y. HARTT & SON, INCORPORATED



Principal Place of Business
**1245 E LAKE LOTELA DR
PO BOX 1556
AVON PARK, FL 33826 US**

Mailing Address
**1245 E LAKE LOTELA DR
PO BOX 1556
AVON PARK, FL 33826 US**



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0284618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTT, SANFORD P.
1245 E. LAKE LOTELA DR.
AVON PARK, FL 33825**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____

**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	HARTT, SANFORD P
STREET ADDRESS	1245 E LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK, FL
TITLE	D
NAME	HARTT, STEVEN E
STREET ADDRESS	1245 E LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK, FL
TITLE	STD
NAME	HARTT, JOAN H
STREET ADDRESS	1245 E LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK, FL
TITLE	VD
NAME	HARTT, FREDERICK P
STREET ADDRESS	1245 E. LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK, FL
TITLE	D
NAME	HARTT, RALPH H
STREET ADDRESS	1245 E LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80045-023 150.00

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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: *Sanford P. Hartt*
SANFORD P. HARTT, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Mar. 05 *863-453-6134*
Date Daytime Phone #