

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 512680**

**1. Entity Name**  
HARTBARGER ENTERPRISES, INC.



**Principal Place of Business**  
109 SOUTHERN ST.  
PENSACOLA, FL 32503

**Mailing Address**  
109 SOUTHERN ST.  
PENSACOLA, FL 32503



02272004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-1692542

**Applied For**  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HARTBARGER, MAHALLA  
109 SOUTHERN ST.  
PENSACOLA, FL 32503

**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** Mahalla Hartbarger Mahalla Hartbarger 3/15/04  
Signature, typed or printed name of registered agent and title if applicable (Not if Registered Agent's signature required when reinstating) 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**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** HARTBARGER, MAHALLA  
**STREET ADDRESS** 109 SOUTHERN ST.  
**CITY- ST- ZIP** PENSACOLA FL,

**TITLE** T  
**NAME** HARTBARGER, CARL  
**STREET ADDRESS** 109 SOUTHERN ST.  
**CITY- ST- ZIP** PENSACOLA, F L,

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS**  
**CITY- ST- ZIP**

U000000092199  
03/18/04-80039-019 150.00

**DO NOT WRITE  
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)(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:** Mahalla Hartbarger 3/15/04 932-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #