


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90031 046 \*\*\*158.75

<b>DOCUMENT # 581634</b>	
1. Entity Name <b>HARTMANN BUILDING CORP. OF FLA., INC.</b>	

Principal Place of Business <b>1384 D. MALABAR ROAD S.E. PALM BAY FL 32907-2548</b>	Mailing Address <b>1384 D. MALABAR ROAD S.E. PALM BAY FL 32907-2548</b>
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2. Principal Place of Business <b>3140 Heild Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>3140 Heild Road</b> Suite, Apt. #, etc.
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City & State <b>Melbourne, Florida</b>	City & State <b>Melbourne, Florida</b>
Zip <b>32904-9540</b>	Zip <b>32904-9540</b>
Country <b>Brevard</b>	Country <b>Brevard</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>HARTMANN, FREDERICK M 3140 HEILD RD MELBOURNE FL 32904</b>		4. FEI Number <b>59-1858998</b>		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST HARTMANN, FREDERICK M 3140 HIELD RD MELBOURNE, FL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTMANN, PEGGY S 3140 HIELD RD MELBOURNE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTMANN, MARK A 1384 MALABAR ROAD SE PALM BAY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: Frederick M. Hartmann **4/7/05** **321-723-3311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #