

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000003572		
1. Entity Name HARTCO ENGINEERING, INC.		
Principal Place of Business 2437 PONCE DE LEON PKWY AVON PARK, FL 33825		Mailing Address 2437 PONCE DE LEON PKWY AVON PARK, FL 33825
DO NOT WRITE IN THIS SPACE		
		
03302004 No Chg-P CR2E034 (10/03)		
4. FEI Number 38-3373856		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HARWOOD, CAROL 3437 PONCE DE LEON PKWY 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 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	CD	DO NOT WRITE IN THIS SPACE
NAME	HARWOOD, CAROL	
STREET ADDRESS	2437 PONCE DE LEON	
CITY - ST - ZIP	AVON PARK, FL 33825	
TITLE	PD	
NAME	HARWOOD, CARY	
STREET ADDRESS	2437 PONCE DE LEON	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	AVON PARK, FL 33825	
TITLE		
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
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: <u>CARY J. HARWOOD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/13/04 Date
		Daytime Phone #