

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90096 049 ***150.00

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1. Entity Name

NORMAN A. HARTMAN, JR., P.A.



Principal Place of Business

2133 WINKLER AVE
SUITE 300
FT MYERS FL 33901
US

Mailing Address

13361 PONDEROSA WAY
FORT MYERS FL 33907
US



2. Principal Place of Business

1380 Royal Palm Square Blvd.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Fort Myers, FL

City & State

4. FEI Number

59-2042264

Applied For

Not Applicable

Zip

33919

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, NORMAN A., JR
13361 PONDEROSA WAY
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the fee payable.

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME HARTMAN, NORMAN A JR
STREET ADDRESS 13361 PONDEROSA WAY
CITY-ST-ZIP FT MYERS FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman A. Hartman, Jr.

Date

Daytime Phone #

1/24/06
(239) 436-7800