


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State


05-13-2008 90017 014 ***150.00

DOCUMENT # F07000002973	
1. Entity Name HARTIN ELECTRIC, INC.	

Principal Place of Business 5977 WHITESVILLE ROAD SUITE 16 COLUMBUS GA 31904	Mailing Address 5977 WHITESVILLE ROAD SUITE 16 COLUMBUS GA 31904
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2. Principal Place of Business - No P.O. Box # 2417 Hamilton Rd	3. Mailing Address 2417 Hamilton Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Columbus, GA	City & State Columbus, GA
Zip 31904	Country us
Zip 31904	Country us



1st MOORE CR2E034 (10/07)

4. FEI Number 43-2117818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PORTER, TANYA 5989 COKER AVENUE COCOA FL 32927	
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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 <i>Tanya Porter</i> <small>(Signature, typed or printed name of registered agent and the applicable)</small>	DATE 4/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P N. MICHELLE HARTIN 5977 WHITESVILLE ROAD #16 COLUMBUS GA 31904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARTIN, WILLIAM L 5977 WHITESVILLE ROAD #16 COLUMBUS GA 31904 <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
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	2417 Hamilton Rd Columbus, GA 31904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2417 Hamilton Rd Columbus, GA 31904 <input checked="" 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 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: <i>N. Michelle Hartin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 04-25-08 <small>Date Daytime Phone</small>