2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 30, 2004 08:00 AM **DOCUMENT # F55073** Secretary of State 1. Entity Name HAR-JACK REALTY OF FLORIDA, INC. Principal Place of Business Mailing Address 2564 JARDIN DR. FT. LAUDERDALE FL 33327 2564 JARDIN DR. FT. LAUDERDALE FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite. Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2223516 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTMAN, HARRY Street Address (P.O. Box Number is Not Acceptable) 2564 JARDIN DR. FT. LAUDERDALE FL 33327 City 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete Change ☐ Addition NAME HARTMAN, HARRY NAME U00000021943 2564 JARDIN DR. STREET ADDRESS STREET ADDRESS 01/30/04-80026-008 150.00 CITY-ST-ZIP FT. LAUDERDALE FL 33327 CiTY-ST-7(P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TIT) F ☐ Delete THILE ☐ Change ☐ Addition NAMÉ MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED