

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000001151

1. Entity Name  
**HARTMAN AND TYNER, INC.**



Principal Place of Business  
**24700 WEST 12 MILE ROAD**  
**SOUTHFIELD, MI 48034**

Mailing Address  
**24700 WEST 12 MILE ROAD**  
**SOUTHFIELD, MI 48034**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **38-1435702** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**5. Name and Address of Current Registered Agent**

**ADKINS, DANIEL K**  
**831 N. FEDERAL HWY.**  
**HALLENDALE, FL 33009**

**DO NOT WRITE IN THIS SPACE**

6. 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: DCP  
 NAME: TYNER, HERBERT  
 STREET ADDRESS: 997 SOUTH OCEAN BLVD.  
 CITY-ST-ZIP: DELRAY BEACH, FL

TITLE: DVCS  
 NAME: HARTMAN, BERNARD L  
 STREET ADDRESS: 1251 SE 7TH AVE., #108  
 CITY-ST-ZIP: DANIA, FL 33004

TITLE: T  
 NAME: ALA, JULIE  
 STREET ADDRESS: 24700 W TWELVE MILE RD  
 CITY-ST-ZIP: SOUTHFIELD, MI 48034

TITLE: MVP  
 NAME: ADKINS, DANIEL K  
 STREET ADDRESS: 831 N FEDERAL HWY  
 CITY-ST-ZIP: HALLANDALE, FL 33009

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 01/14/04-80010-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #