


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 A
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



01122006 No Chg-P CR2E034 (11/05)

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**

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000397663
 01/30/06-80057-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	TYNER, HERBERT
STREET ADDRESS	997 SOUTH OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	DVCS
NAME	HARTMAN, BERNARD L
STREET ADDRESS	831 N FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the same 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: _____ *Julie Ala* **1/12/06** **248-352-2010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #