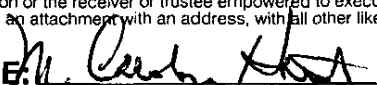


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90064 027 ***150.00

DOCUMENT # G30493 1. Entity Name HART & HART CORPORATION					
Principal Place of Business 2116 S HWY 77 LYNN HAVEN, FL 32444			Mailing Address P.O. BOX 98 LYNN HAVEN, FL 32444 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2274490				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, EDDIE RONALD 2116 S HWY 77 LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name HART, M CAROLYN Street Address (P.O. Box Number is Not Acceptable) 4631 NORTH SHORE ROAD City LYNN HAVEN FL Zip Code 32444		
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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete HART, EDDIE RONALD 4631 N. SHORE RD LYNN HAVEN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition 32444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ☐ Delete HART, M CAROLYN 4631 NORTH SHORE RD LYNN HAVEN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D ☒ Change ☐ Addition 32444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE 			Date 1-29-04 Daytime Phone # 850-265-8806		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					