

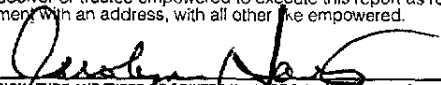


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

| | | | |
|--|-----------------------------|--|--|
| 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 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  01312005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-2274490 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HART, CAROLYN M 4631 NORTH SHORE ROAD LYNN HAVEN, FL 32444 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000230333 02/15/05-80039-003 150.00 |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE | D | | |
| NAME | HART, EDDIE RONALD | | |
| STREET ADDRESS | 4631 N. SHORE RD | | |
| CITY- ST- ZIP | LYNN HAVEN, FL 32444 | | |
| TITLE | PSTD | | |
| NAME | HART, M CAROLYN | | |
| STREET ADDRESS | 4631 NORTH SHORE RD | | |
| CITY- ST- ZIP | LYNN HAVEN, FL 32444 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
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| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| 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)(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, be empowered. | | | |
| SIGNATURE:  | | 02-12-05 265-8806 Date Daytime Phone # | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |