Feb-14-07 02:39P French & French PA

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90039 026 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G30493

1. Entity Name
HART & HART CORPORATION

Principal Place of Business	Mailing Address
2116 S HWY 77 LYNN HAVEN, FL 32444	P.O. BOX 98 LYNN HAVEN, FL 32444 US

02142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

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, CAROLYN M
4631 NORTH SHORE ROAD
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HART, EDDIE RONALD	
STREET ADDRESS	4631 N. SHORE RD	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	PSTD	☐ Delete
NAME	HART, M CAROLYN	
STREET ADDRESS	4631 NORTH SHORE RD	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Hart, Eddie	
STREET ADDRESS	4631 N Shore Rd	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	S/T	☒ Change ☐ Addition
NAME	Hart, M Carolyn	
STREET ADDRESS	4631 North Shore Rd	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: M Carolyn Hart 2-14-07 850-265-8?06

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

M. CAROLYN HART, Sec.