

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90042 043 ***150.00

DOCUMENT # H21277

1. Entity Name
PAUL HARTT PLASTERING & STUCCO, INC.



Principal Place of Business

%PAUL HARTT
1223 ENTERPRISE DRIVE, UNIT A
PORT CHARLOTTE, FL 33953-3847 US
4385 Laura St
Port Charlotte, FL 33980

Mailing Address

%PAUL HARTT
1223 ENTERPRISE DRIVE, UNIT A
PORT CHARLOTTE, FL 33953-3847 US
4385 Laura St
Port Charlotte, FL 33980



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2456706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARTT, PAUL
1223 ENTERPRISE DRIVE, UNIT A
PORT CHARLOTTE, FL 33953-3847
4385 Laura St
Port Charlotte, FL 33980

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARTT, PAUL
STREET ADDRESS 4385 LAURA STREET
CITY-ST-ZIP CHARLOTTE HARBOR, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Paul Hartt / Paul Harth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/05

941-627-0472