2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

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DOCUMENT # H95959					01-20-2004 90066 023 ***158.75				
Entity Name DAVID HARTT CONSTRUCTION, INC.					01 20 1		25 100.70	,	
L			100 10	Tear					
Principal Place of Business Mailing Address						24	002328	ı	
795 ELLICOT CIRCLE 795 ELLICOT CIRCLE PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 339			2052						
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2 Principal P	lace of Business	3. Mailing Address	······································	····					
3212 Montgonery DR 3212 montgo			onery	DA	Į — I LYBIANI BIJA 1610) BIJIS į	 	N 8180 6181 918N 818N	1031 11 1311	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01132004 Cho	g-P CR	2E034 (10/03)		
City & Stat	ARlotte FL	City & State Pr Chaclo	aclothe FL		4. FEI Number 59-2621391		 	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status	Desired	\$8.75 Add		
3398	6. Name and Address of Current	Registered Agent	CHARlott	<u> </u>	7. Name and Address	of New Register	Fee Require		
O. Haine and Made of Continue Registered Agent				ÓA	· · · · · · · · · · · · · · · · · · ·	+			
HARTT, DAVID 795 ELLICOTT CIRCLE				Street Address (P.O. Box Number is Not Acceptable)					
PORT CHARLOTTE, FL 33952				12	MONTGONY	-ry Dr			
	•		City 0		-				
				+ C	LHARIBHE	_		981	
	named entity submits this statement to ions of registered agent.	the purpose of changing its re	egistered office or	register	red agent, or both, in the	State of Florida. I	am familiar with,	and accept	
the congar	A A A A A A A A A A A A A A A A A A A		•			I_	13-2006	4	
SIGNATURE.	Signature, lyped or printed name of registered agent	and title it applicable. (NOTE:	Registered Agent signati	ve requirer	d when reinstating)	DA		<u>/</u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contrit			.00 May Be led to Fees	•			
	OFFICERS AND		1 11.		ADDITIONS/CHANGI	EQ TO OCCIOERO	AND DIDECTOR	CINI 11	
10.	PD OFFICERS AND	Delete	TITLE	49		ES TO OFFICERS	Change	Addition	
NAME	HARTT, DAVID	Jan Delete	NAME	I	nd HART a montgome	NU DR	9.3		
STREET ADDRESS	795 ELLICOTT CIR		STREET ADDRESS CITY-ST-ZIP	351	CHARIOHE	C 11921			
CITY-SI-ZIP	PORT CHARLOTTE, FL	☐ Delete	TITLE	P4	CHARIOHE	br 2210)	Change	☐ Addition	
NAME		Detece	NAME				Citalige .	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP				F-1 2		
TITLE - NAME		Delete	TITLE NAME		1		Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		<u></u>	CITY-ST-ZIP					<u></u>	
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	 		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			*****	☐ Change	Addition	
NAME GENERAL SPRINGER			NAME .						
STREET ADDRESS CITY-ST-ZIP	i I		STREET ADDRESS CITY-ST-ZIP	1					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME	}					
STREET ADDRESS			STREET ADDRESS CITY - ST - ZIP						
CITY-ST-ZIP	I		Uli ri-atrizir	1					

12. Thereby certify that the information supplied with this filling 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 pripowered.

SIGNATURE:

DAVID
NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

13 JAN 2004

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