


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90066 023 \*\*\*158.75

<b>DOCUMENT # H95959</b> 1. Entity Name <b>DAVID HARTT CONSTRUCTION, INC.</b>					
Principal Place of Business <b>795 ELLICOTT CIRCLE PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>795 ELLICOTT CIRCLE PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business <b>3212 MONTGOMERY DR</b> Suite, Apt. #, etc.			3. Mailing Address <b>3212 MONTGOMERY DR</b> Suite, Apt. #, etc.		
City & State <b>PT CHARLOTTE FL</b>			City & State <b>PT CHARLOTTE FL</b>		
Zip <b>33981</b>		Country <b>CHARLOTTE</b>		4. FEI Number <b>59-2621391</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARTT, DAVID 795 ELLICOTT CIRCLE PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name <b>DAVID HARTT</b> Street Address (P.O. Box Number is Not Acceptable) <b>3212 MONTGOMERY DR</b> City <b>PT CHARLOTTE</b> <b>FL</b> Zip Code <b>33981</b>	
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: <u><i>David Hartt</i></u> <span style="float: right;">1-13-2004</span> <small>Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTT, DAVID 795 ELLICOTT CIR PORT CHARLOTTE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID HARTT 3212 MONTGOMERY DR PT CHARLOTTE FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>David Hartt</i></u> <b>DAVID HARTT</b> <span style="float: right;">13 JAN 2004 941 625 7777</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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