

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90007 018 \*\*\*150.00

**DOCUMENT # J77383**

1. Entity Name

HART'S MASONRY & CONCRETE, INC.



Principal Place of Business

3444 MARINATOWN LANE  
SUITE 28  
N. FT. MYERS FL 33903  
US

Mailing Address

P.O. BOX 4392  
N. FT. MYERS FL 33918



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3444 Marina Town Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 17

City & State

City & State

N. Ft. Myers, FL

Zip  
33903

Country  
USA

Zip

Country

4. FEI Number 59-2813206

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, PAUL R.  
17915 CHESTERFIELD RD.  
N. FT. MYERS FL 33917

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 Paul R. Hart, Paul R. Hart pres. 2-1-07

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PST  
NAME HART, PAUL ☐ Delete  
STREET ADDRESS 17915 CHESTERFIELD RD  
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE PSTD  
NAME HART, PAUL ☐ Delete  
STREET ADDRESS 17915 CHESTERFIELD RD  
CITY-ST-ZIP N. FT. MYERS FL 33917

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 11

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

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 Section 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: Paul R. Hart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07, 2399979899  
Date Daytime Phone #