2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 01, 2005 8:00 am Secretary of State DOCUMENT # K82941 03-01-2005 90072 022 ***150 00 **B&L** HART ENTERPRISES, INC. Principal Place of Business Mailing Address 500 S FLORIDA AVENUE, 500 S FLORIDA AVENUE, RZITZDOC 4TH FLOOR 4TH FLOOR LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business 304 CLAROR 3. Mailing Address Clearwher Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chq-P CR2E034 (10/03) 4. FEI Number Applied For 59-2949543 Not Applicable 32082 Country U.S.A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, JOHN BRIGHAM Street Addr 500 S. FLORIDA AVE. 4TH FLOOR LAKELAND, FL 33801 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Streature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITL F ☐ Delete TITI F PD ■ Addition ARNOHER DP. NAME HART, JOHN B NAME 500 S. FLORIDA AVE., 4TH FLOOR STREET ADDRESS STREET ADDRESS 32082 CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP VPDS Addition TITLE ☐ Defete TITLE YPDS NAME HART, LITA G NAME 500 S. FLORIDA AVE., 4TH FLOOR STREET ADDRESS STREET ADDRESS LAKELAND, FL 33801 CITY-ST-ZIP CITY-ST-7IP TITLE AS Delete TITLE ☐ Addition FITTERMAN, BARRY M NAME NAME STREET ADDRESS 500 S. FLORIDA AVE., 4TH FLOOR, STREET ADDRESS LAKELAND, FL 33801 CITY-ST-ZIP CITY-ST-ZIP TTLE **EVP** Delete ШΕ Change ■ Addition WELLS, MARK R NAME NAME STREET ADDRESS 500 S. FLORIDA AVE., 4TH FLOOR STREET ADORESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filting 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.



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