


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90084 028 \*\*\*158.75

<b>DOCUMENT # L81775</b> 1. Entity Name <b>HARTMAN &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>201 E PINE ST SUITE 1000 ORLANDO, FL 32801 US</b>			Mailing Address <b>3475 E. FOOTHILL BLVD PASADENA, CA 91107</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PAS RYNNING, MARK 201 E PINE ST. STE 1000 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BAT MARK RYNNING 201 E. PINE ST., STE 1000 ORLANDO, FL 32801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAS SCHMIDT, HAROLD E. 201 E PINE ST STE 1000 ORLANDO, FL</b> <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	<b>V CHRISTOPHER, JAMES E. 201 E PINE ST STE 1000 ORLANDO, FL</b> <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	<b>VAS RYNNING, MARK A. 201 E PINE ST STE 1000 ORLANDO, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSD RICHARD A. LEMMON 3475 E. FOOTHILL BLVD. PASADENA, CA 91107</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V DRAKE, CHARLES W. 201 E PINE ST., STE 1000 ORLANDO, FL</b> <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	<b>T DAVID W. KING 3475 E. FOOTHILL BLVD. PASADENA, CA 91107</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/16/06</b> <small>Daytime Phone #</small>			

40020000



02152006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3017326**

Applied For  
Not Applicable

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

ATTACHMENT

40020087

# 181775

OFFICERS AND DIRECTORS OF THE CORPORATION

TITLE	NAME	COMPLETE BUSINESS MAILING ADDRESS			
		Street	City	State	Zip Code
VICE PRESIDENT	Dan L. Batrack	3475 East Foothill Blvd.	Pasadena,	CA	91107
VICE PRESIDENT	Sam W. Box	3475 East Foothill Blvd.	Pasadena,	CA	91107
VICE PRESIDENT	William Musser	201 East Pine Street, Suite 1000	Orlando,	FL	32801
VICE PRESIDENT	Lawrence E. Jenkins, PSM	201 East Pine Street, Suite 1000	Orlando,	FL	32801
VICE PRESIDENT	Michael Bomar	201 East Pine Street, Suite 1000	Orlando,	FL	32801
ASSISTANT TREASURER	Teresa M. Dieguez	3475 East Foothill Blvd.	Pasadena,	CA	91107