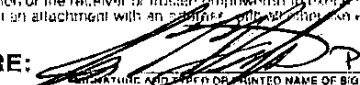


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90477 015 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000056085			
1. Entity Name HARTMAN ENTERPRISES, INC.			
Principal Place of Business 1551 FAIRCHILD ST PENSACOLA, FL 32504		Mailing Address 1551 FAIRCHILD ST PENSACOLA, FL 32504	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number 59-3656219		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTMAN, DANIELLE 1551 FAIRCHILD ST PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above can only be filed by the person or persons authorized to change or amend the corporation's filing in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, type or print name, title and company name and state if applicable. (NOTE: Registered Agent signature required when filing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, JACOB F 1551 FAIRCHILD ST PENSACOLA, FL 32504 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, DANIELLE 1551 FAIRCHILD ST PENSACOLA, FL 32504 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 terms of appointment in Block 10 or Block 11 is changed, or on an attachment with an authority with which I am empowered.			
SIGNATURE:  PRESIDENT		4-20-05	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	