2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90098 010 ***150.00

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1. Entity Name
P. HART ENTERPRISE INC.

44029414

Principal Place of Business	Mailing Address
605 NW 53RD AVE C-1 GAINESVILLE, FL 32609	P O BOX 590 SUMMERFIELD, FL 34491

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1300 Suite, Apt. #, etc.
City & State	City & State: Summerfield, Fl.
Zip / Country	Zip: 34492 / Country: Marion

4. FEI Number: 59-3701794 ☐ 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, PERRY W 605 NW 53RD AVE, SUITE C-9 GAINESVILLE, FL 32609	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 _____
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P HART, PERRY W P O BOX 590 SUMMERFIELD, FL 34491 ☐	☐ ☐
ST JOHNSON, CYNTHIA L P O BOX 590 SUMMERFIELD, FL 34491 ☐	☐ ☐
☐	☐ ☐
☐	☐ ☐
☐	☐ ☐
☐	☐ ☐

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: Cynthia L. Johnson 4-15-04 (352) 245-7684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #