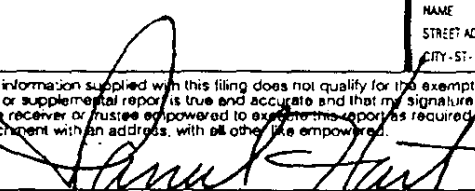


FILED
Sep 20, 2004 8:00 am
Secretary of State

08-31-2004 90002 036 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000028653			
1. Entity Name HARTCO ROLLFORMING, INC.			
Principal Place of Business 411 COMMERCIAL COURT, SUITE D VENICE, FL 34292		Mailing Address 411 COMMERCIAL COURT, SUITE D VENICE, FL 34292	
2. Principal Place of Business P.O. Box 711 Subs. Apt. #, etc.		3. Mailing Address P.O. Box 711 Subs. Apt. #, etc.	
City & State Nokomis FL		City & State Nokomis FL	
County 34274		County 34274	
4. FEI Number 65-1098377		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HART, DANIEL 411 COMMERCIAL COURT, SUITE D VENICE, FL 34292		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL	
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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P HART, DANIEL 411 COMMERCIAL CT., STE D VENICE, FL 34292 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP S ANTHONY EBERHARDT P.O. Box 711 Nokomis, FL 34274 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP HART, VALRE 411 COMMERCIAL CT., STE D VENICE, FL 34292 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP JAMES E. SHELL 5278 Pinehurst Court North Port, FL 34287 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S FOGT, DANEE 411 COMMERCIAL CT., STE D VENICE, FL 34292 ☒ 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)(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: 		8/20/04 941-468-5298	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	