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Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90092 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000043268

1. Entity Name
HARTMAN'S APPLIANCE REPAIR SERVICE, INC.

94053641

Principal Place of Business	Mailing Address
540 TORREY AVE. ALTAMONTE SPRINGS, FL 32714	540 TORREY AVE. ALTAMONTE SPRINGS, FL 32714
2. Principal Place of Business: 3310 Everett St	3. Mailing Address: 3310 Everett St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka Fl	City & State: Apopka FL
Zip: 32703 Country: Seminole	Zip: 32703 Country: Seminole

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3718387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARTMAN, LORI
540 TORREY AVE.
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 3310 Everett St
City Apopka FL Zip Code 32703

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HARTMAN, FRED G 540 TORREY AVE. ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3310 Everett St Apopka Fl 32703
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST HARTMAN, LORI 540 TORREY AVE. ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3310 Everett St Apopka FL 32703
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Fred G. Hartman 4-14-04 4078659836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR