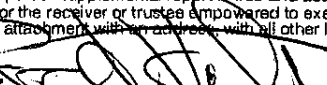


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90092 010 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000043268			
1. Entity Name HARTMAN'S APPLIANCE REPAIR SERVICE, INC.			
Principal Place of Business 540 TORREY AVE. ALTAMONTE SPRINGS, FL 32714		Mailing Address 540 TORREY AVE. ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 3310 Everett St Suite, Apt. #, etc.		3. Mailing Address 3310 Everett St Suite, Apt. #, etc.	
City & State Apopka FL		City & State Apopka FL	
Zip 32703 Country Seminole		Zip 32703 Country Seminole	
4. FEI Number 59-3718387		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04132004 Chg-P CR2E034 (10/03)	
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 retreating.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00		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
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)(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: 		Fred G. Hartman 4-14-04 4078659836	