


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000110842 |  |
| 1. Entity Name HARTZOG ENTERPRISES INC. | |

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|---|---|
| Principal Place of Business 2062 DOWNING DRIVE PENSACOLA, FL 32505 | Mailing Address 2062 DOWNING DRIVE PENSACOLA, FL 32505 |
|---|---|



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 59-3759195 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HARTZOG, JACK D
2062 DOWNING DRIVE
PENSACOLA, FL 32505

**DO NOT WRITE
IN THIS SPACE**

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** _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000112502 04/14/04-80026-009 150.00 |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE P | NAME HARTZOG, JACK D |
| STREET ADDRESS 2062 DOWNING DR | CITY-ST-ZIP PENSACOLA, FL 32505 |
| TITLE VP | NAME HARTZOG, MARY P |
| STREET ADDRESS 2062 DOWNING DR | CITY-ST-ZIP PENSACOLA, FL 32505 |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP |

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IN THIS SPACE**

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: Mary P. Hartzog **4/10/04** **850 484-0904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY P. HARTZOG