

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000065397**

1. Entity Name  
**SCARR & HARTSELLE, INC.**



**Principal Place of Business**

**7555 SW HIGHWAY 200  
SUITE 200  
OCALA, FL 34476**

**Mailing Address**

**13047 PARK BLVD  
SEMINOLE, FL 33776**



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**48-1262072**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NIESET, JAMES R  
6740-D CROSSWINDS DR N  
ST PETERSBURG, FL 33710**

**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

**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**

000000132315  
04/27/04-80043-001 155.00

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	HARTSELLE, ART PRES
STREET ADDRESS	8229 113TH STREET
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	VPRE
NAME	SCARR, BARRY J VP
STREET ADDRESS	13030 PARK BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	DIR
NAME	SCARR, TONI S DIR
STREET ADDRESS	13047 PARK BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Toni S. Scarr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-21-04 (727)3985665*

Date

Daytime Phone #