STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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Daytime Phone #

DOCUMENT # P02000129599  1. Entily Same HART'S OUTDOOR, INC.  Principal Place of Business Societary of State  Principal Place Societary of State  Principal Place Societary of State  Societary of State  Donot Write Societary Societar	2006 FOR PROFIT CORPORATION ANNUAL REPORT			A	Apr 07, 2006 08:00 AM	
Principal Flace of Burness \$20 0H0 AVENUE P. C. BOX 98 LYNN HAVEN, FL 32444 US LYNN HAVEN, FL 32444  DO NOT WRITE IN THIS SPACE  32.0576884 S. Certificate of Status Costing S. Certificate of Status Costing S. Certificate of Status Costing DO NOT WRITE IN THIS SPACE  8. This above related entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide. I am familiar with, and accept the delignation of registered agent, or both, in the State of Footide.  ### FILE NOWINI FEE IS \$150,00 ACCEPT To The Principal Principal To The	1. Entity Nam	פֿר			Secretary of State	
DO NOT WRITE IN THIS SPACE    Section Campaign framering   Section Campaig	HARTS	501000K, INC.		<b>7</b>		
DO NOT WRITE IN THIS SPACE  4. FEI Number 82-0576884   Not Applied For 82-0576884   Not Applied For 82-0576884   Not Applied For 82-0576884   S. Certificate of Status Cestred   \$8.75 Additional Fee Regulated  5. Name and Address of Curyant Registered Agent  HART, CAROLYN 520 OHIO AVE. LYNN HAVEN, FL 32444  DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the obligations of registered agent, or both, in the State of Floride Tam familiar with, and accept the following the familiar with and accept the	520 OHIO A	VENUE P. O. BOX 98	. 32444	1 1000 (100 15)	BBINS NOON ORINI ORINI BUNIN NOON TUUN TUUN ORINI	
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B. Name and Address of Current Registered Agent  HART, CAROLYN SZO OHIO AVE. LYNN HAVEN, FL 32444  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing its registered office or registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing its registered office or registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, or both, in the State of Fiorder 1 am termillar with, and access the changing of registered agent, o	DO NOT WRITE IN THIS SPACE			82-0576884   Not Applicab		
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THE NOWILL FEE IS \$150.00 **  After May 1, 2006 Fee will be \$550.00 **  OFFICERS AND DIRECTORS }  **  **  **  **  **  **  **  **  **	520 OHIO AVE.					
FILE NOWILL FEE IS \$150.00 A  ARAC May 1, 2008 Fee will Do \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  10. LYNN HAVEN, FL 32444  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DI			ging its registered office or regis	stered agent, or bott	n, in the State of Floride. I am familiar with, and accep	
ARAC May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees	SIGNATURE.	Signature, typed or printed name of registered agent and file it applicable	(NOTE: Registered Agent signature requ	ured when reinstalling)	OATE	
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12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR