

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90027 029 ***150.00

DOCUMENT # P03000041449

1. Entity Name

HARTLEY & HARTLEY, INC.



Principal Place of Business

45283
1875 OAK TRAIL
CALLAHAN FL 32011
US

Mailing Address

45283
1875 OAK TRAIL
CALLAHAN FL 32011
US

2. Principal Place of Business

45283 OAK TRAIL

Suite, Apt. #, etc.

3. Mailing Address

45283 OAK TRAIL

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Callahan FL

City & State

Callahan

4. FEI Number

35-2203792

Applied For

Not Applicable

Zip

32011

Country

NASSYA

Zip

32011

Country

NASSYA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTLEY, JOHNNY
45283 1875 OAK TRAIL
CALLAHAN FL 32011

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARTLEY, JOHNNY L	
STREET ADDRESS	1875 OAK TRAIL	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARTLEY, ELLEN C	
STREET ADDRESS	1875 OAK TRAIL	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTLEY, BARBARA W	
STREET ADDRESS	1875 OAK TRAIL	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Johnny L Hartley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04 (904) 318-7304

Date

Daytime Phone #