2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 8:00 am **Secretary of State** DOCUMENT # P03000041449 1. Entity Name 01-31-2005 90050 041 ***150.00 HARTLEY & HARTLEY, INC. Principal Place of Business Mailing Address 45283 OAK TRAIL CALLAHAN FL 32011 45283 OAK TRAIL CALLAHAN FL 32011 1 ~ ~ ~ ~ ~ **~ ~ ~ ~** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 35-2203792 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTLEY, SOHNNY Street Address (P.O. Box Number is Not Acceptable) HARTLEY, JOHNNY 1875 OAK TRAIL CALLAHAN FL 32011 45283 DAKTRAIL 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. SIGNATURI Signature, typed or printed name of a gistered agent and title (applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE ☐ Delete TITLE Change Addition HARTLEY, JOHNNY L NAME NAME 45283 OAKTRAIL STREET ADDRESS 1875 OAK TRAIL STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition HARTLEY, ELLEN C NAME 45283 OAK TRAIL STREET ADDRESS 1875 OAK TRAIL STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP TITLE -- - 🛄 Delete -TITLE ☐ Addition NAME HARTLEY, BARBARA W NAME 45283 OAK TRAIL STREET ADDRESS 1875 OAK TRAIL STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. 1-26-05 904-318-7304 SIGNATURE: _

DEFICER OR DIRECTOR