

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90016 043 ***158.75

DOCUMENT # P03000086351					
1. Entity Name GERALD H. HARTMAN, P.A.					
Principal Place of Business 96 W. BYRSONIMA LOOP HOMOSASSA, FL 34446			Mailing Address 96 W. BYRSONIMA LOOP HOMOSASSA, FL 34446		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 90-0101527	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTMAN, GERALD H 730 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429		7. Name and Address of New Registered Agent Name <u>GERALD H. HARTMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>504 N.E. HWY 19</u> City <u>CRYSTAL RIVER</u> FL Zip Code <u>34429</u>			
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 <u><i>Gerald H. Hartman</i></u> GERALD H. HARTMAN PRESIDENT 4/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, GERALD H 96 W. BYRSONIMA LOOP HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S HARTMAN, SUZANNE K 96 W. BYRSONIMA LOOP HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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 <u><i>Suzanne K. Hartman</i></u> SUZANNE K. HARTMAN <u>4/12/04</u> <u>382-2812</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					