APR-29-2004 14:27

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90197 045 ***150.00

DOCUMENT # P03000089553

1. Entity Name
ANNABELLE HART, INC.

Principal Place of Business	Mailing Address
341 N MAITLAND AVE SUITE 340 MAITLAND, FL 32751	341 N MAITLAND AVE SUITE 340 MAITLAND, FL 32751

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2308 Edgewater Dr.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32804 Country: Orange	Zip Country

4. FEI Number: 55-0840895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required — NO

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TATICH, PHILIP 341 N MAITLAND AVE SUITE 340 MAITLAND, FL 32751	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

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees — NO

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Shirley M. Krauklis 2308 Edgewater Dr Orlando, Fl. 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Robert A. Krauklis 2308 Edgewater Dr Orlando, Fl. 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: SmKrauklis - Shirley M. Krauklis 4/29/04 407-649-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.01