2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

it changed, or on an altachment with an address, with all other like empowered

SIGNATURE:

## Feb 03, 2006 08:00 AM DOCUMENT # P03000129082 **Secretary of State** 1. Entity Name PAUL HARTMAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 605 FOURTH STREET SOUTHWEST 605 FOURTH STREET SOUTHWEST **LARGO FL 33770 LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 54-2133650 Not Applicable Zφ 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 HARTMAN, PAUL Street Address (P.O. Box Number is Not Acceptable) 605 4TH ST. SW **LARGO FL 33770** City 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 little it applicable (NOTE: Registured Agent signature required when revisibing) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition PSTD THLE RELE ☐ Detete NAME NAME HARTMAN, PAUL H STREET ADDRESS 605 FOURTH STREET SOUTHWEST STREET ADDRESS U00000416730 02Z13Z06-80026-025\_150.00 CHTY-ST-ZIP CITY-SI-ZIP LARGO FL 33770 MATERIAL PROPERTY. Delete ICILE Change TITLE MAME 270205 STREET ADDRESS STREET ADDRESS CITY-ST-20P CHY-ST-ZiP Change ■ Medica ☐ Oefete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Additio MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete THLE ☐ Change ☐ Adamo TELLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addison ☐ Dotete HILE THILE NAME NAME STREET ADORESS STREET ACCRESS CITY-ST-ZIP CITY-ST-7/P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 cath, 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 mane appears in Block 10 or Block 11

YAUL HARTMAN

**FILED**