

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2008 08:00
Secretary of State**

DOCUMENT # P03000141168

1. Entity Name
HARTWIG STUCCO INC.



Principal Place of Business
**814 JARVIS STREET N.W.
PORT CHARLOTTE, FL 33948 US**

Mailing Address
**814 JARVIS STREET N.W.
PORT CHARLOTTE, FL 33948 US**



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0439791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTWIG, RICHARD
814 JARVIS STREET N.W.
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARTWIG, RICHARD
STREET ADDRESS	814 JARVIS STREET N.W.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948
TITLE	DVP
NAME	HARTWIG, JAMES
STREET ADDRESS	17065 DOYLE STREET
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954
TITLE	DST
NAME	HARTWIG, MARK
STREET ADDRESS	814 JARVIS STREET N.W.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/26/08-80018-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Richard W Hartwig Pres