2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-02-2004 90072 033 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000155301

1. Entity Name

SANDY HARTMANN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5596 OAKHURST DR. SEMINOLE FL 33772	5596 OAKHURST DR. SEMINOLE FL 33772

2. Principal Place of Business	3. Mailing Address
13800 Park Blvd	~~13800 Park Blvd~~ 5596 oakhurst DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seminole F	City & State: Seminole, Fl. 33776
Zip: 33776 Country:	Zip: 33776 Country:

4. FEI Number: 300221728 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HODGES, PAUL S
50 S BELCHER RD.
SUITE 115
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

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 Sandy [signature] Pres. 3-30-04

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HARTMANN, SANDRA A	
STREET ADDRESS	5596 OAKHURST DR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	S/T	☐ Delete
NAME	HARTMANN, GLENN	
STREET ADDRESS	5596 OAKHURST DR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sandy Hartman 5/4/04 727-397-0375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #