

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90189 024 ***150.00

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1. Entity Name

HARTMAN CONSULTING, INC.



Principal Place of Business

2107 WATER KEY DRIVE
WINDERMERE FL 34786-5819

Mailing Address

2107 WATER KEY DRIVE
WINDERMERE FL 34786-5819



2. Principal Place of Business - No P.O. Box #

301 E PINE Street

Suite, Apt. #, etc.

Suite 1020

3. Mailing Address

385 East Waterfront Drive

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Orlando FL

City & State

Homestead PA

4. FEI Number

57-1206597

Applied For

Not Applicable

Zip

32801 2741

Country

USA

Zip

15120-5005

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, RICHARD M
301 E. PINE STREET
SUITE 1400
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY ST ZIP
DP
HARTMAN, RUTH P
2107 WATER KEY DRIVE
WINDERMERE FL 34786-5819 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DTS
HARTMAN, GERALD C
2107 WATER KEY DRIVE
WINDERMERE FL 34786-5819 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
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CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D/P
Gary M. DeJidas
618 East South Street
Orlando FL 32801 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D/VP/S
J M Sievers
618 East South Street
Orlando FL 32801 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D/T
Karl S Palvisak
618 East South Street
Orlando FL 32801 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VP
Gerald C Hartman
301 East Pine Street Suite 1020
Orlando FL 32801 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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

3-13-07

412-476-2000

Date

Daytime Phone #