

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90239 045 \*\*\*150.00

**DOCUMENT # P04000080559**

1. Entity Name  
**HARTMAN CONSULTING, INC.**



Principal Place of Business

**301 E. PINE STREET  
SUITE 1020  
ORLANDO, FL 32801-2741**

Mailing Address

**385 EAST WATERFRONT DRIVE  
HOMESTEAD, PA 15120-5005**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082008

Chg-P

CR2E034 (12/06)

4. FEI Number

**57-1206597**

Applied For

Not Applicable

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 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 ☐ Delete  
NAME DEJIDAS, GARY  
STREET ADDRESS 618 EAST SOUTH STREET  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE DVPS ☐ Delete  
NAME SIEVERS, J M  
STREET ADDRESS 618 EAST SOUTH STREET  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE DT ☐ Delete  
NAME PALVISAK, KARL S  
STREET ADDRESS 618 EAST SOUTH STREET  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE VP ☐ Delete  
NAME HARTMAN, GERALD C  
STREET ADDRESS 301 EAST PINE STREET SUITE 1020  
CITY-ST-ZIP ORLANDO, FL 32801

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 DP ☒ Change ☐ Addition  
NAME DEJIDAS, GARY  
STREET ADDRESS 301 E PINE STREET SUITE 1020  
CITY-ST-ZIP ORLANDO FL 32801

TITLE DVPS ☒ Change ☐ Addition  
NAME SIEVERS, J M  
STREET ADDRESS 301 E PINE STREET SUITE 1020  
CITY-ST-ZIP ORLANDO FL 32801

TITLE DT ☒ Change ☐ Addition  
NAME PALVISAK, KARL S  
STREET ADDRESS 301 E PINE STREET SUITE 1020  
CITY-ST-ZIP ORLANDO FL 32801

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

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

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 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

Mark J. Pavlik

Date

Daytime Phone #

4/9/08

412.476.2000