


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90169 045 \*\*\*150.00

<b>DOCUMENT # P05000000723</b>	
1. Entity Name <b>L.A. HART EQUIPMENT, INC.</b>	

Principal Place of Business <b>3705 COMMERCE CENTER DR SEBRING, FL 33807</b>	Mailing Address <b>3705 COMMERCE CENTER DR SEBRING, FL 33807</b>
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2. Principal Place of Business <b>4406 Lost Ball Court</b>	3. Mailing Address <b>4406 Lost Ball Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sebring FL</b>	City & State <b>Sebring FL</b>
Zip <b>33872</b>	Zip <b>33872</b>
Country <b>USA</b>	Country <b>USA</b>

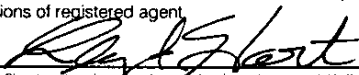
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01092006 Chg-P CR2E034 (11/05)

4. FFI Number <b>42-1656044</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>HART, LLOYD 4400 LOST BALL CT SEBRING, FL 33872</b>		7. Name and Address of New Registered Agent Name <b>Hart, Lloyd</b> Street Address (P.O. Box Number is Not Acceptable) <b>4406 Lost Ball Court</b> City <b>Sebring</b> FL Zip Code <b>33872</b>

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  DATE **1-10-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, LLOYD 4400 LOST BALL CT SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hart, Lloyd 4406 Lost Ball Court Sebring FL 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HART, MARJORIE 4400 LOST BALL CT SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Hart, Marjorie 4406 Lost Ball Court Sebring FL 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1-10-06** DAYTIME PHONE # **863-386-4278**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR