

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90044 002 ***550.00

DOCUMENT # P05000137220

1. Entity Name
HART WELDING INC



Principal Place of Business
1422 WYNGATE LA
LAKELAND, FL 33809

Mailing Address
1422 WYNGATE LA
LAKELAND, FL 33809

40143311



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

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-3598125

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, CHRISTOPHER J
1735 LOWERY AVE
LAKELAND, FL 33801

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 of agent or current agent or registered agent (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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: HART, MICHAEL F
STREET ADDRESS: 1422 WYNGATE LA
CITY-ST-ZIP: LAKELAND, FL 33809

TITLE: PRES
NAME: HART, JEAN
STREET ADDRESS: 1422 WYNGATE LANE
CITY-ST-ZIP: LAKELAND, FL 33809

TITLE: VP
NAME: HART, CHRISTOPHER J
STREET ADDRESS: 1735 LOWERY AVE
CITY-ST-ZIP: LAKELAND, FL 33801

TITLE: SECT
NAME: HART, CAROLYN
STREET ADDRESS: 1735 LOWERY AVE
CITY-ST-ZIP: LAKELAND, FL 33801

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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:

Christopher J Hart

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SYSTEMS FEE #