

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90005 031 ***158.75

DOCUMENT # P05000152322 1. Entity Name HARTLEISURE ENTERPRISES, INC.			
Principal Place of Business 181 SCRUB JAY WAY DAVENPORT, FL 33896 US		Mailing Address 181 SCRUB JAY WAY DAVENPORT, FL 33896 US	
2. Principal Place of Business - No P.O. Box # 846 CASSIA DRIVE Suite, Apt. #, etc.		3. Mailing Address 600 SADDLE RIDGE DRIVE Suite, Apt. #, etc.	
City & State DAVENPORT FLORIDA Zip FL 33897		City & State DAVENPORT, FLORIDA Zip FL 33896	
Country USA		Country USA	
4. FEI Number 20-5916580 APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHN, SCOTT E ESQ. 800 SE 3RD AVENUE SUITE 200 FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HARTLEY, STEPHEN STREET ADDRESS 181 SCRUB JAY WAY CITY- ST- ZIP DAVENPORT, FL 33896	<input type="checkbox"/> Delete	TITLE STREET ADDRESS 600 SADDLE RIDGE DRIVE CITY- ST- ZIP DAVENPORT, FL 33896	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME HARTLEY, SHARON STREET ADDRESS 181 SCRUB JAY WAY CITY- ST- ZIP DAVENPORT, FL 33896	<input checked="" type="checkbox"/> Delete	TITLE NAME (AS ABOVE) STREET ADDRESS CITY- ST- ZIP	<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
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:		S.P. HARTLEY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 05-05-08 Daytime Phone # 01144 7988891296	