2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2008 8:00 am Secretary of State DOCUMENT # P07000067004 04-16-2008 90026 044 ***150.00 HART SALES AND MARKETING, INC. Principal Place of Business Mailing Address 60024381 1449 PINYON PINE DR. 1449 PINYON PINE DR. SARASOTA, FL 34240 US SARASOTA, FL 34240 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132008 Cha-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 26-0306401 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTMAN, GARY J. BAKER, MICHAEL L 5702 CLARK ROAD SARASOTA, FL 34233 City SARASOTA 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. GARY J. HARTMAN SIGNATURE. (NOTE: Registered Agent signature required when reinstating) ted name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSTD** TITLE ☐ Delete TITLE ☐ Change ■ Addition HARTMAN, GARY J NAME NAME STREET ADDRESS 1449 PINYON PINE DR STREET ADDRESS SARASOTA, FL 34240 CITY - ST - ZIP CITY - ST - ZIP Delete Change LITLE TITLE Addition NAME HARTMAN, KATHY NAME STREET ADDRESS 1449 PINYON PINE DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP Delete TITLE TITLE VPD☐ Change X☐ Addition HARTMAN, NICOLE 1449 PINYON PINE DR SARASOTA, FL 34240 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling 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. GARY J HARTMAN

PRESIDENT

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

//У/08 340=8010

Date