## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000077572

Entity Name: HART TO HART TRUCKING INC

2701 NW 23 BLVD APT M108

GAINESVILLE, FL 32605 US

Address:

City-St-Zip:

FILED Jul 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2701 NW 23 BLVD APT M108 GAINESVILLE, FL 32605 US **New Mailing Address: Current Mailing Address:** 2701 NW 23 BLVD APT M108 GAINESVILLE, FL 32605 US FEI Number: 26-0512720 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, MARY D 2701 NW 23 BLVD APT M108 GAINESVILLE, FL 32605 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HART, GARY C Name: Name: 2701 NW 23 BLVD APT M108 Address: Address: City-St-Zip: GAINESVILLE, FL 32605 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: HART, MARY D Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY C HART P 07/08/2009