


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000065872 1. Entity Name HARTSFIELD CONSTRUCTION, INC.	
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Principal Place of Business 7110 BEECH RIDGE TRAIL SUITE 201 TALLAHASSEE, FL 32312	Mailing Address 7110 BEECH RIDGE TRAIL SUITE 201 TALLAHASSEE, FL 32312
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**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3201951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HARTSFIELD, ROBERT P 10056 NEAMATHA TRAIL TALLAHASSEE, FL 32312	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTSFIELD, BARBARA J 10056 NEAMATHA TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTSFIELD, ROBERT P 10056 NEAMATHA TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTSFIELD, RICHARD M 10048 NEAMATHA TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/05-80004-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4-4-05 (150)	Daytime Phone #: 894-4663
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		