

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000065872

1. Entity Name

HARTSFIELD CONSTRUCTION, INC.



FILED
Apr 23, 2007 08:00 AM
RECEIVED
Secretary of State

Principal Place of Business

2915 KERRY FOREST PKWY.
SUITE 102
TALLAHASSEE FL 32309

Mailing Address

2915 KERRY FOREST PKWY.
SUITE 102
TALLAHASSEE FL 32309



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

(Same as above)

3. Mailing Address

(Same as above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3201951

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

HARTSFIELD, ROBERT P
10056 NEAMATHLA TRAIL
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

(Same)

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS

TITLE S
NAME HARTSFIELD, BARBARA J
STREET ADDRESS 10056 NEAMATHLA TRAIL
CITY-STATE-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE P
NAME HARTSFIELD, ROBERT P
STREET ADDRESS 10056 NEAMATHLA TRAIL
CITY-STATE-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE VP
NAME HARTSFIELD, RICHARD M
STREET ADDRESS 10048 NEAMATHLA TRAIL
CITY-STATE-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
same (no changes)

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
same (no changes)

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
same (no changes)

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
U000000722600
05/02/07-80038-014 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 who empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-07 850-894-4663