

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2008 08:00 A

RECEIVED Secretary of State

DOCUMENT # P93000065872	
1. Entity Name HARTSFIELD CONSTRUCTION, INC.	

Principal Place of Business 2915 KERRY FOREST PKWY. SUITE 102 TALLAHASSEE FL 32309	Mailing Address 2915 KERRY FOREST PKWY. SUITE 102 TALLAHASSEE FL 32309
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2. Principal Place of Business - No P.O. Box # (Same as above)	3. Mailing Address (Same as above)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3201951	Applied For ☐ Not Applicable
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	
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7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

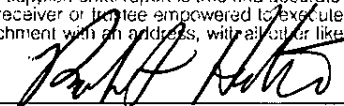
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee. (NOTE: Registered Agent's signature required when submitting fee.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S HARTSFIELD, BARBARA J 10056 NEAMATHLA TRAIL TALLAHASSEE FL 32312	
P HARTSFIELD, ROBERT P 10056 NEAMATHLA TRAIL TALLAHASSEE FL 32312	☐ Delete
VP HARTSFIELD, RICHARD M 10048 NEAMATHLA TRAIL TALLAHASSEE FL 32312	☐ Delete
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Same (no changes)	
Same (no changes)	
Same (no changes)	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ 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 the fee 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:  4-18-08 (850) 894-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print Name)