

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90019 015 ***150.00

DOCUMENT # P94000070905

1. Entity Name

HARTMANN CONSULTING GROUP, INC.



Principal Place of Business

4951 GULF SHORE BLVD. NORTH
STE. 1502
NAPLES, FL 34103 US

Mailing Address

4951 GULF SHORE BLVD. NORTH
STE. 1502
NAPLES, FL 34103 US

02052004 No Chg-P CR2E034 (10/03)



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4. FEI Number

65-0570977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAER, DAN E
3777 TAMiami TRAIL NO, SUITE 200
TRIANON CENTRE
NAPLES, FL 34103

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME HARTMANN, ERNST J
STREET ADDRESS 4951 GULF SHORE BLVD. NORTH
CITY-ST-ZIP NAPLES, FL

TITLE VPS
NAME HARTMANN, PATRICIA
STREET ADDRESS 4951 GULF SHORE BLVD. NORTH
CITY-ST-ZIP NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #