

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000070905

1. Entity Name
HARTMANN CONSULTING GROUP, INC.



Principal Place of Business

4951 GULF SHORE BLVD. NORTH
STE. 1502 PH 402
NAPLES, FL 34103 US

Mailing Address

4951 GULF SHORE BLVD. NORTH
STE. 1502 PH 402
NAPLES, FL 34103 US

FILED

05 MAR -1 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0570977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

800048830158
03/22/05--01007--019 **150.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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 #

2/21/05 239 434 9258