2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2004 8:00 am **DOCUMENT # P94000992874 Secretary of State** 1. Entity Name 02-17-2004 90044 006 ***150.00 J. G. HARTWIG & ASSOCIATES, INC. Principal Place of Business Mailing Address 420 S. ELLIOTT AVE SANFORD FL 32771 307 E. 2ND ST SANFORD FL 32771 Mailing Address 420 S. Elliott Ave MOORE CR2E034 (11/03) Sity & State Son Ford 4. FEI Number Applied For 59-3288537 lorida Not Applicable \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTWIG, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 420 S. ELLIOTT AVE SANFORD FL 32771 Zip Code FL 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 TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS VΡ TITLE ☐ Delete TITLE ☐ Change 🔀 Addition TOGERH G. HARTWIS HARTWIG, MARK R NAME STREET ADDRESS 420 S ELLIOTT AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARTWIG, PATRICIA A STREET ADDRESS 420 S ELLIOTT AVENUE STREET ADDRESS SANFORD FL 32771 CITY-ST-7IP CITY-ST-ZIP TIDE ☐ Delete TITLE ☐ Change ☐ Addition NAME . NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OR DIRECTOR

FILED