


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000094193	
1. Entity Name HART FARM, INC.	

Principal Place of Business 2909 MILLWOOD RD. MILLWOOD, VA 22646 US	Mailing Address PO BOX 275 MILLWOOD, VA 22646 US
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03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3285305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, LESLIE C JR
 104 SE 1ST AVE
 STE A
 Ocala, FL 34471

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HART, E. C. 2909 MILLWOOD RD MILLWOOD, VA 22646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HART, SUSAN 2909 MILLWOOD RD MILLWOOD, VA 22646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HART, E.C. 2909 MILLWOOD RD MILLWOOD, VA 22646
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 04/18/07-80038-025 150.00

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

SIGNATURE:  **2/22/07 540837 1411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #