## 2008 FOR PROFIT CORPORATION ... ANNUAL REPORT

## FILED Apr 21, 2008 08:00 Al Secretary of State

DOCUMENT # P9700026081  1. Entity Name HARTWICK CONSTRUCTION, INC.					Sec	eretary of S
Principal Plac	ce of Business	Mailing Address		7		
12 LINDA M St augustii	AR DR NE, FL 32080	12 LINDA MAR DR St Augustine, FL 32080				
DO NOT WRITE IN THIS SPA				04012008 No C	hg-P CR2	2E034 (11/05)
			CE	4. FEI Number 03-0281376		Applied For Not Applicable
				5. Certificate of Status I	Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Rec	istered Agent				
HARTWICK, PETER 12 LINDA MAR DR ST AUGUSTINE, FL 32080			DO NOT WRITE IN THIS SPACE			
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both, in the S	tate of Florida. + a	am familiar with, and accept
SIGNATURE.	Signature: Typed or printed name of registered agent and to	tie if applicable (NOTE Registere	d Agent signature required	when reinstating)	DAT	ε
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	_ +0.	00 May Be ed to Fees		
10.	OFFICERS AND DIR	ECTORS				
TITLE	PDST		Ī			1
NAME STREET ADDRESS	HARTWICK, PETER					
CITY-ST-ZIP	ST AUGUSTINE, FL 32080			i	10000009111	965
TUTLE				05/1	J00000911: 07/08–800	60-024 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- 7IP

DO NOT WRITE
TITLE
NAME
IN THIS SPACE

12. I hereby certify that the information approach 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 suppremental 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 trusted impowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaction of the corporation of the receiver of trusted impowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS

STREET ADDRESS
CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hasi - 19-08 - 904-667-0863