


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90040 002 ***150.00

DOCUMENT # P98000010642			
1. Entity Name HARTLEY ENTERPRISES INC.			
Principal Place of Business 1425 AMBASSADOR DR CLEARWATER FL 33764		Mailing Address 1425 AMBASSADOR DR CLEARWATER FL 33764	
2. Principal Place of Business 2269 BEVERLY LANE Suite, Apt. #, etc. CLEARWATER FL City & State 33764 Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	
6. Name and Address of Current Registered Agent HARTLEY, JAMES 1425 AMBASSADOR DR CLEARWATER FL 33764		7. Name and Address of New Registered Agent Name HARTLEY JAMES Street Address (P.O. Box Number is Not Acceptable) 2269 BEVERLY LANE City CLEARWATER FL Zip Code 33764	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, JAMES 3170 DOWNING ST CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JAMES L. Hartley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date HARTLEY 3/24/04 Daytime Phone # 727 804 4911	

94037395



MOORE CR2E034 (11/03)

4. FEI Number **59-3511600** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**