

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90324 023 \*\*\*150.00

**DOCUMENT # P98000062287**

**1. Entity Name**  
**HART POINT SEPTIC TANK SERVICE INC.**



**Principal Place of Business**

**100 S.FERN ST  
SAN MATEO, FL 32187**

**Mailing Address**

**PO BOX 938  
SAN MATEO, FL 32187**

**50037628**



01152005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**59-3525930**

**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**

**LUKE, GLENN  
100 SOUTH FERN ST.  
SAN MATEO, FL 32187**

**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 Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** LUKE, GLENN  
**STREET ADDRESS** PO BOX 938  
**CITY-ST-ZIP** SAN MATEO, FL 32187

**TITLE** D  
**NAME** LUKE, MARY  
**STREET ADDRESS** PO BOX 938  
**CITY-ST-ZIP** SAN MATEO, FL 32187

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:**

**GLENN E. LUKE** *Glenn E. Luke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/05 (386) 328-1415**  
Date Daytime Phone #