FILED
May 07, 2004 8:00 am
Secretary of State
04-26-2004 90493 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050954

1. Entity Name
JAMES D. HARTNETT, INC.

66419988

Principal Place of Business	Mailing Address
James D. Hartnett, CLU P. O. Box #143712 Coral Gables, FL 33114-3712	James D. Hartnett, CLU P. O. Box #143712 Coral Gables, FL 33114-3712

2. Principal Place of Business	3. Mailing Address
510 MARMORE AVE	
Suite, Apt. #, etc. CORAL GABLES	Suite, Apt. #, etc.
City & State FLORIDA	City & State
Zip 33146 Country MIAMI-DADE	Zip Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0938868 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
James D. Hartnett, CLU P. O. Box #143712 Coral Gables, FL 33114-3712 510 MARMORE AVE CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 James D. Hartnett (JAMES D. HARTNETT) April 21 2004
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / H / 2 / C — James D. Hartnett, CLU, P. O. Box #143712, Coral Gables, FL 33114-3712 50 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 D. Hartnett (JAMES D. HARTNETT) April 21 2004 (305) 667 5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #