

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-21-2004 90026 023 ***158.75

P99000069285

FILED

CLERK OF THE
DIVISION OF CORPORATIONS

04 AUG -6 PM 3:45

DOCUMENT # P99000069285

1. Entity Name
HUMART INVESTMENTS, INC.



Principal Place of Business
**182 SANIBEL WAY
MELBOURNE BEACH, FL 32951**

Mailing Address
**182 SANIBEL WAY
MELBOURNE BEACH, FL 32951**

44049178



07102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3602599

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KINBERG, EDWARD J
2101 S. WAVERLY PLACE SUITE 200E
MELBOURNE, FL 32901**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**D
THOMPSON, FRANKIE M
182 SANIBEL WAY
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**600040287876
08/18/04--01037--017 ***400.00**

**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)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2004
Date

Daytime Phone #