2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90299 033 ***150.00

DOCUMENT # P99000108463

1. Entity Name
HART & HART INSURANCE, INC.

40063418

Principal Place of Business	Mailing Address
1877 NORTHGATE BLVD., STE. 1 SARASOTA, FL 34234	PO BOX 3017 SARASOTA, FL 34230

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2555 Porter Lake Dr.		2555 Porter Lake Dr.	
Suite, Apt. #, etc.: 101		Suite, Apt. #, etc.: 101	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34240	Country: USA	Zip: 34240	Country: USA

4. FEI Number: 65-0975333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HART, BARRY
1877 NORTHGATE BLVD., STE. 1
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name: Hart, Barry D.
Street Address (P.O. Box Number is Not Acceptable): 2555 Porter Lake Dr., Ste. 101
City: Sarasota FL Zip Code: 34240

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] 4/8/2005
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	HART, BARRY D		NAME		
STREET ADDRESS	2629 NASSAU ST.		STREET ADDRESS	7792 Arolla Pines Blvd.	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/8/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #