

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.	

Principal Place of Business 1877 NORTHGATE BLVD., STE. 1 SARASOTA, FL 34234	Mailing Address PO BOX 3017 SARASOTA, FL 34230
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40063418



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

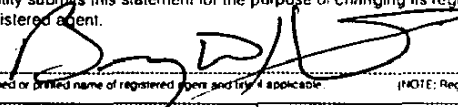
01112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0975333	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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
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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.

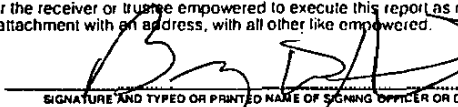
SIGNATURE  DATE **4/8/2005**

Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when registering)

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

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:  DATE **4/8/2005** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR