

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90069 022 \*\*\*150.00

**DOCUMENT # S02318**

1. Entity Name  
**HARTWELL CORPORATION**



Principal Place of Business  
**260 NORTH US 1  
ORMOND BEACH, FL 32174**

Mailing Address  
**260 NORTH US 1  
ORMOND BEACH, FL 32174**

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-1911635**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TODD, FRANCES D  
260 N US 1  
ORMOND BEACH, FL 32174**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TODD, FRANCES D
STREET ADDRESS	260 N. US 1
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	TODD, JEFFREY R
STREET ADDRESS	260 N US 1
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	Vice President
NAME	Erik W. Todd
STREET ADDRESS	260 N. US 1
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 exemptions contained in Chapter 119, 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:**

*Frances D. Todd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/06*  
Date

*386 472-2014*  
Daytime Phone #