


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S04997 1. Entity Name HART CONSTRUCTION, INC.	
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Principal Place of Business P.O. BOX 571 CHIEFLAND, FL 32644 US	Mailing Address P.O. BOX 571 CHIEFLAND, FL 32644 US
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02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3032632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JOHN E.
 201 NW 4TH AVE
 CHIEFLAND, FL 32626

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P HART, JOHN, E 201 NW 4TH AVENUE CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, HOWARD 7190 NW 97TH PL CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HART, CAROLYN 201 NW 4TH AVENUE CHIEFLAND, FL 32644
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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: Carolyn P. Hart Carolyn P. Hart 2-25-06 352-493-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #