


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 045 ***150.00

DOCUMENT # S04997			
1. Entity Name HART CONSTRUCTION, INC.			
Principal Place of Business P.O. BOX 571 CHIEFLAND, FL 32644 US		Mailing Address P.O. BOX 571 CHIEFLAND, FL 32644 US	
2. Principal Place of Business - No P.O. Box # 4770 N.W. 140 th Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chiefland FL		City & State	
Zip 32626	Country USA	Zip	Country
6. Name and Address of Current Registered Agent HART, JOHN E. 201 NW 4TH AVE CHIEFLAND, FL 32626		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, JOHN E 201 NW 4TH AVENUE CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 NW 140 th Street Chiefland, FL. 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, HOWARD 7190 NW 97TH PL CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HART, CAROLYN 201 NW 4TH AVENUE CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 NW 140 th Street Chiefland, FL. 32626
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Carolyn P. Hart</u> <u>Carolyn P. Hart</u>		Date: <u>2-5-07</u> Daytime Phone #: <u>352-493-4004</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	