


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90021 019 ***150.00

DOCUMENT # S04997
 1. Entity Name
HART CONSTRUCTION, INC.



Principal Place of Business Mailing Address
4770 NW 140TH STREET **P.O. BOX 571**
CHIEFLAND, FL 32626 US **CHIEFLAND, FL 32644 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40048308



03162008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3032632 Applied For
 Not Applicable

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

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 **John E. Hart**
 Street Address (P.O. Box Number is Not Acceptable)
4770 NW 140th St.
 City **Chiefland** **FL** Zip Code **32626**

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, 2008! Fee will be \$550.00!

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	HART, JOHN, E
STREET ADDRESS	4770 NW 140TH ST
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	V <input type="checkbox"/> Delete
NAME	ALLEN, HOWARD
STREET ADDRESS	7190 NW 97TH PL
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	ST <input type="checkbox"/> Delete
NAME	HART, CAROLYN
STREET ADDRESS	4770 NW 140TH ST
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 3-14-08 352-493-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #