
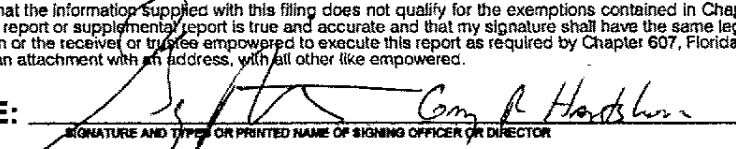


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # V16583		
1. Entity Name HARTSHORN CUSTOM CONTRACTING, INC.		
Principal Place of Business 8813 VENTURE COVE TAMPA, FL 33637 US		Mailing Address 8813 VENTURE COVE TAMPA, FL 33637 US
DO NOT WRITE IN THIS SPACE		
		01112007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3111057		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		
HARTSHORN, GARY 8813 VENTURE COVE TAMPA, FL 33637		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 _____ (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		0000001608368 02/01/07-80006-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSHORN, GARY 901 ALLEGRO LANE APOLLO BEACH, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSHORN, MARY ELLEN 901 ALLEGRO LANE APOLLO BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-24-07 8136200931 Date Daytime Phone #