
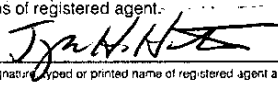
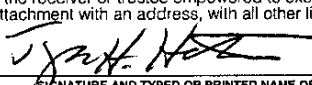


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90045 049 ***150.00

DOCUMENT # V47890 1. Entity Name JOSEPH HARTMAN CONSULTING PSYCHOLOGY, INC.			
Principal Place of Business 6015 CHESTER SUITE 113 JACKSONVILLE, FL 32217-2270 US		Mailing Address 6015 CHESTER SUITE 113 JACKSONVILLE, FL 32217-2270 US	
2. Principal Place of Business 6015 Chester Cir Suite, Apt. #, etc. Suite 113 City & State Jacksonville, FL Zip 32217-2270 Country Duval		3. Mailing Address 6015 Chester Cir Suite, Apt. #, etc. Suite 113 City & State Jacksonville, FL Zip 32217-2270 Country Duval	
4. FEI Number 59-3133069		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01062005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HARTMAN, JOSEPH H., PH. D. 3827 PONCE DE LEON BLVD. JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Hartman, Joseph H., PH.D. Street Address (P.O. Box Number is Not Acceptable) 3827 Ponce De Leon Ave. City Jacksonville, FL Zip Code 32217	
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  Joseph H. Hartman Pres. 1/7/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P NAME HARTMAN, JOSEPH H STREET ADDRESS 6015 CHESTER #113 CITY-ST-ZIP JACKSONVILLE, FL 322172770	<input type="checkbox"/> Delete	TITLE P NAME Hartman, Joseph H. PH.D. STREET ADDRESS 6015 Chester Cir #113 CITY-ST-ZIP Jacksonville, FL 322172270	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 exemption stated in Section 119.07(3)(i), 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: 		Joseph H. Hartman Pres. 1/7/05 (904) 636-5757 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	