2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AN
Secretary of State

1. Entity Name VAN-HART, INC.	8329			Se	cretary	y oi State
Principal Place of Business 275 RIVERWAY DR VERO BEACH, FL 32963	Mailing Address 4500 CAMERON VALLEY PARKWAY STE 400 CHARLOTTE, NC 28211 US					
DO NOT WRITE IN THIS SPA		CE	01092007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For			
			65-052			Not Applicable 75 Additional Required
6, Name and Address of Current Registered Agent HARTON, JACK P 275 RIVERWAY DR VERO BEACH, FL 32963			IN .	NOT W THIS SP	PACE	
The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent.		red office or register		th, in the State of Flo	orida. I am familli	ar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	//////////////////////////////////////	586634 80060-024	150.00
10. OFFICERS AND TITLE DP NAME HARTON, JACK P STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 TITLE DST NAME HARTON, DALE V STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 TITLE TITLE NAME NAME	DIRECTORS					. " N.T. C.T.
STREET ADDRESS CITY-ST-ZIP TITLE		-		NOT W		

12. I hereby certify that the information supplied with this filling 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 attagramment with an address, with all other like empowered.

SIGNATURE: A

NAME
STREET ADDRESS
CITY-ST-ZIP
ITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

7044424252

Daytime Phone ¥