

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 023 ***150.00

DOCUMENT # 239018

1. Entity Name

HANSON & MCCALLISTER, INC.



Principal Place of Business

2010 S. RIDGEWOOD AVENUE
EDGEWATER FL 32141

Mailing Address

2010 S. RIDGEWOOD AVENUE
EDGEWATER FL 32141

2. Principal Place of Business

1801 Tatum Blv

3. Mailing Address

1801 Tatum Blv

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

NEW SMYRNA FL

City & State

NEW SMYRNA FL

4. FEI Number

59-0912542

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCALLISTER, DAVID
1801 TATUM BLVD
NEW SMYRNA FL 32168

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

David McCallister

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCCALLISTER, DAVID
STREET ADDRESS 1801 TATUM BLVD
CITY-ST-ZIP NEW SMYRNA FL 32168

TITLE SD ☐ Delete
NAME MCCALLISTER, CYNTHIA
STREET ADDRESS 340 WIND HAVEN
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE D ☐ Delete
NAME MCCALLISTER JR., DAVID
STREET ADDRESS 1576 LEWIS LANE
CITY-ST-ZIP NEW SMYRNA FL 32168

TITLE D ☐ Delete
NAME MCCALLISTER, CAROL A.
STREET ADDRESS 2100 RIDGE CREST DR
CITY-ST-ZIP NASHVILLE TN 37216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David McCallister DAVID McCallister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04 384-428-2724

Date

Daytime Phone #