


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 303591 1. Entity Name LEN HAZEN, PAINTERS, INC.	
--	---

Principal Place of Business 10730 SW HAY AVE FT. OGDEN, FL 34267 US	Mailing Address 10730 SW HAY AVE FT. OGDEN, FL 34267 US
---	---

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1147184	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HAZEN, LEONARD M. 10730 SW HAY AVE FT. OGDEN, FL 34267	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000045040 02/11/04-80047-010 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HAZEN, LEONARD M. 10730 SW HAY AVE FT. OGDEN, FL 34267
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAZEN, ELIDA M. 10730 SW HAY AVE FT. OGDEN, FL 34267
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	FEB 06 2004 <small>Date</small>	863-4946479 <small>Daytime Phone #</small>
--	---	--