2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# 357313

Entity Name: HANSEN MARINE WAYS, INC.

Current Principal Place of Business:

5415 PALM BEACH BLVD
P.O. BOX 50903
FORT MYERS, FL 339940903 US

New Principal Place of Business:

Current Mailing Address:

5415 PALM BEACH BLVD
P.O. BOX 50903
FORT MYERS, FL 339940903 US

New Mailing Address:

FEI Number: 59-1279818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSEN, A ERNEST
8289 BOONESBORO ROAD
P O BOX 50903
FT MYERS, FL 339940903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HANSEN, A ERNEST
Address: 8289 BOONESBORO ROAD
City-St-Zip: N FT MYERS, FL 33917

Title: VD ( ) Delete
Name: HANSEN, HANS C
Address: 5501 PARK RD
City-St-Zip: FT MYERS, FL 33908

Title: ST ( ) Delete
Name: HANSEN, FRANCES
Address: 8289 BOONESBORO ROAD
City-St-Zip: N FT MYERS, FL 33917

Title: D ( ) Delete
Name: HANSEN, FRANCES
Address: 8289 BOONESBORO RD
City-St-Zip: FT MYERS, FL 33917

Title: AST ( ) Delete
Name: HOKE, JENNIE H
Address: 8289 BOONESBORO RD.
City-St-Zip: N FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES HANSEN ST 04/12/2005

Electronic Signature of Signing Officer or Director — Date