

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90003 008 ***150.00

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DOCUMENT # 519208 1. Entity Name HANNER & SONS, INC.					
Principal Place of Business 317 NORTH DIXIE HIGHWAY POMPANO BEACH, FL 33060 US			Mailing Address 317 NORTH DIXIE HIGHWAY POMPANO BEACH, FL 33060 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1710503				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			7. Name and Address of New Registered Agent		
HANNER, ALYCE Y 317 NORTH DIXIE HIGHWAY POMPANO BEACH, FL 33060			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 _____ <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, 2004 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	V HANNER, WAYNE E <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2740 ZACHARY LAKE DR		NAME		
STREET ADDRESS	MARIETTA, GA 30064		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP HANNER, DARREL D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	317 N DIXIE		NAME		
STREET ADDRESS	POMPANO BEACH, FL 33060		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ALYCE Y. HANNER	
STREET ADDRESS			STREET ADDRESS	317 N. DIXIE HIGHWAY	
CITY-ST-ZIP			CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <u><i>Alyce Y. Hanner</i></u> ALYCE HANNER Date <u>2/24/04</u> Daytime Phone # <u>954 943-2109</u>					