


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 546533</b> 1. Entity Name HAUSER'S COIN COMPANY, INC.	
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Principal Place of Business 3425 S. FLORIDA AVE LAKELAND, FL 33803 US	Mailing Address 3425 S FLORIDA AVE LAKELAND, FL 33803 US
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1868579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**5. Name and Address of Current Registered Agent.**

HAUSER, NICHOLAS P  
 3425 S. FLORIDA AVE.  
 LAKELAND, FL 33803

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HAUSER, NICHOLAS
STREET ADDRESS	3910 WINDCHIME LANE
CITY - ST - ZIP	LAKELAND, FL 33811
TITLE	STD
NAME	HAUSER, BARBARA
STREET ADDRESS	3910 WINDCHIME LANE
CITY - ST - ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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:** Barbara Hauser Barbara Hauser 2-25-04 (813) 647-2052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #