


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90066 026 \*\*\*150.00

<b>DOCUMENT # 681682</b>					
1. Entity Name HANSON AND FENLON, P.A. CERTIFIED PUBLIC ACCOUNTANTS					
Principal Place of Business 5245 CENTRAL AVE ST PETERSBURG, FL 33710 US		Mailing Address 5245 CENTRAL AVE ST PETERSBURG, FL 33710 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2001932	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent HANSON, PETER J 5245 CENTRAL AVENUE ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name: <u>Fenlon, Richard K.</u> Street Address (P.O. Box Number is Not Acceptable): <u>5245 Central Avenue</u> City: <u>St Petersburg</u> FL Zip Code: <u>33710</u>		
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: <u>[Signature]</u> DATE: <u>4/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D (new title only change)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, PETER J		NAME		
STREET ADDRESS	918 59TH AVE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETE. BEACH, FL 33706		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENLON, RICHARD K		NAME	Richard K Fenlon	
STREET ADDRESS	2971 ESTANCIA BLVD., #328		STREET ADDRESS	2631 Cypress Bend Dr	
CITY-ST-ZIP	CLEARWATER, FL 337612616		CITY-ST-ZIP	Clearwater, FL 33761	
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)(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: <u>[Signature]</u>			Date: <u>4/10/04</u> Daytime Phone #: <u>727-327-7171</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		