

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000002512**

1. Entity Name  
**HANOVERTRADE, INC.**



Principal Place of Business

**379 THORNALL STREET  
EDISON, NJ 08837**

Mailing Address

**379 THORNALL STREET  
EDISON, NJ 08837**

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**22-3658821**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1100000213661  
02/03/05-80078-008 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	BURCHETT, JOHN A
STREET ADDRESS	379 THORNALL ST.
CITY-ST-ZIP	EDISON, NJ 08837
TITLE	PD
NAME	TAVARES, IRMA N
STREET ADDRESS	379 THORNALL ST.
CITY-ST-ZIP	EDISON, NJ 08837
TITLE	VSD
NAME	MIZERAK, JOYCE S
STREET ADDRESS	379 THORNALL STREET
CITY-ST-ZIP	EDISON, NJ 08837
TITLE	TCFO
NAME	LOUX, J. HOLLY
STREET ADDRESS	379 THORNALL ST.
CITY-ST-ZIP	EDISON, NJ 08837
TITLE	V
NAME	OSTENDORF, GEORGE J
STREET ADDRESS	379 THORNALL STREET
CITY-ST-ZIP	EDISON, NJ 08837
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Irma N. Tavares**

**January 19, 2005 (732) 548 0101**

Date

Daytime Phone #