2004 FOR PROFIT CORPORATION ANNUAL REPORT FILED
Mar 05, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Mar 05, 2004 08:00 Al
DOCUMENT # F0300001987 1. Entity Name R.J. HANLON COMPANY, INC.				Secretary of State
3501 EAST :	e of Business STATE ROAD 32 E, IN 46060	Mailing Address 3501 EAST STATE ROAD 32 NOBLESVILLE, IN 46060		
C		TE IN THIS SPA	CE	02242004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 35-1493359 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
HANLON, ROBERT J 263 BEAR FOOT BEACH BLVD. #604 BONITA SPRINGS, FL 34134			100	DO NOT WRITE IN THIS SPACE
8. The above the obligate SIGNATURE.	named entity submits this statement tions of registered agent. Signature, typed or privated name of registered	Control of the Contro	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees U00000078052
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HANLON, ROBERT J 263 BEAR FOOT BEACH BL BONITA SPRINGS, FL 3413 VVC HANLON, KATHLEEN 263 BEAR FOOT BEACH BL BONITA SPRINGS, FL 3413	VD. #604 4 VD. #604		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS 3501 EAST STATE ROAD 32 NOBLESVILLE, IN 46060			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			2	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

COSENT LUCIAGE SQ. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale 3/1-113-1443