

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90065 040 \*\*\*158.75

**DOCUMENT # F04000001127**

1. Entity Name  
**HANSEN FINANCIAL CORPORATION**



Principal Place of Business  
**200 OLDE POINT VILLAGE 5427E 103  
CHESTER, MD 21619**

Mailing Address  
**200 OLDE POINT VILLAGE 5427E 103  
CHESTER, MD 21619**

**50009961**



**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-1983602**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**HANSEN, PATRICK  
3100 NE 49TH STREET, #403  
FT. LAUDERDALE, FL 33308**

**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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CS  
GARGAN, FRANK T  
5 PROSPECT BAY DRIVE WEST  
GRASONVILLE, MD 21638**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCV  
HANSEN, PATTY  
263 PROSPECT BAY DR. W.  
GRASONVILLE, MD 21638**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
HANSEN, PATRICK  
263 PROSPECT BAY DR. W.  
GRASONVILLE, MD 21638**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #