


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006873

1. Entity Name
HANSEN PROPERTIES, INC. OF PA.



Principal Place of Business 1401 MORRIS RD. BLUE BELL, PA 19422 US	Mailing Address 1401 MORRIS RD. BLUE BELL, PA 19422 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2707267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, DENNIS
 12058 82ND LANE NORTH
 WEST PALM BEACH, FL 33412

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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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, ELMER F JR 1401 MORRIS ROAD BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, DAVID S 1401 MORRIS RD. BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANSEN, III E 1401 MORRIS RD. BLUE BELL, PA 19422
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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)(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:  **David S. Sherman,** **215-616-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Vice President