




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 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	
DO NOT WRITE IN THIS SPACE			
		01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 23-2707267	Applied For <input type="checkbox"/> 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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000199774 01/27/05-80106-003 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	HANSEN, ELMER F JR		
STREET ADDRESS	1401 MORRIS ROAD		
CITY-ST-ZIP	BLUE BELL, PA 19422		
TITLE	V		
NAME	SHERMAN, DAVID S		
STREET ADDRESS	1401 MORRIS RD.		
CITY-ST-ZIP	BLUE BELL, PA 19422		
TITLE	ST		
NAME	HANSEN, III E		
STREET ADDRESS	1401 MORRIS RD.		
CITY-ST-ZIP	BLUE BELL, PA 19422		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		David S. Sherman, VP	1/21/05 215-616-8204
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>