

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 004 ***150.00

DOCUMENT # F98796

1. Entity Name

DONALD L. HANCOCK, INC.



Principal Place of Business

Mailing Address

636 US HWY #1
140
NORTH PALM BEACH FL 33408-4611
US

PO BOX 14611
105
NORTH PALM BEACH FL 33408-4611
US



2. Principal Place of Business

3. Mailing Address

P.O. Box 14611
Suite, Apt. #, etc.

P.O. Box 14611
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

North Palm Beach Fl.
Zip 33408 Country USA

North Palm Beach Fl.
Zip 33408 Country USA

4. FEI Number

59-2223913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCOCK, FRANCES L
364 GOLFVIEW RD., #207
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME HANCOCK, FRANCES L
STREET ADDRESS 364 GOLFVIEW RD., #207
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

4/15/2006 (861) 842 1759