

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30256

FILED
Apr 16, 2009
Secretary of State

Entity Name: TOOLS MORE HANSEN, INC.

Current Principal Place of Business:

2155 INDIAN ROAD
W. PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2155 INDIAN RD
WEST PALM BEACH, FL 33409

New Mailing Address:

6694 SOUTH CALUMET CIRCLE
LAKE WORTH, FL 33467

FEI Number: 59-2474447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, JUDENE
2155 INDIAN RD
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

HANSEN, JUDENE A PRES
6694 SOUTH CALUMET CIRCLE
LAKE WORTH, FL 33467 US

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.

SIGNATURE: JUDENE A HANSEN

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HANSEN, CHARLES F. JR.
Address: 6694 S CALUMET CIRCLE
City-St-Zip: LAKE WORTH, FL 334677008

Title: PVPS () Delete
Name: HANSEN, JUDENE
Address: 6694 S CALUMET CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: HANSEN, JUDENE
Address: 6694 S CALUMET CIR
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PVPS (X) Change () Addition
Name: HANSEN, JUDENE A
Address: 6694 S CALUMET CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDENE A HANSEN

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date