


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90229 043 ***150.00

DOCUMENT # J29455 1. Entity Name HANGMEN, INC.	
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Principal Place of Business 4540 SW 71ST AVE MIAMI, FL 33155 US	Mailing Address 4540 SW 71ST AVE MIAMI, FL 33155 US
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50020308



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2705707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLOWERS, L. JAMES 4675 SW 90 AVE MIAMI, FL 33165

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP FLOWERS, L. JAMES 4675 SW 90 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINDLEY-FLOWERS, JUNE J. 4675 SW 90 AVE MIAMI, FL
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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 #

2/15/05 305-666-4407