


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90027 040 \*\*\*150.00

**DOCUMENT # L06266**

1. Entity Name  
**STANHAUSER, INC.**



Principal Place of Business      Mailing Address

% STEVEN D. HAUSER      % STEVEN D. HAUSER  
 1180 HAVENDALE BLVD      1327 ARROWHEAD CT  
 WINTER HAVEN FL, 33881-1382      AUBURNDALE, FL 33823

94025011



2. Principal Place of Business      3. Mailing Address

*1327 ARROWHEAD CT.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02282004      Chg-P      CR2E034 (10/03)

City & State      City & State

*AUBURNDALE FL*

4. FEI Number      Applied For

**65-0139731**      Not Applicable

Zip      Country      Zip      Country

*33823*

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HAUSER, STEVEN D.  
 1327 ARROWHEAD CT  
 AUBURNDALE, FL 33823

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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	CPT	<input type="checkbox"/> Delete
NAME	HAUSER, STEVEN D.	
STREET ADDRESS	1327 ARROWHEAD CT	
CITY - ST - ZIP	AUBURNDALE, FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	WHITLEY, PATRICIA A	
STREET ADDRESS	1325 ARROWHEAD CT	
CITY - ST - ZIP	AUBURNDALE, FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUSER, STEVEN D JR	
STREET ADDRESS	11623 DARSEY RD	
CITY - ST - ZIP	PARRISH, FL 34219	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUSER, VICKI L	
STREET ADDRESS	2203 SHERMONT PL	
CITY - ST - ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPS	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Steven D. Hauser*      **3-02-04**      **863-967-6345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**STEVEN D. HAUSER**