


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

94025311



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