

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 020 ***158.75

DOCUMENT # L35027

1. Entity Name
HANSA, INC.



Principal Place of Business
**1838 40TH TERRACE SW
NAPLES, FL 34116 US**

Mailing Address
**C/O W.D. KRAMER
1838 40TH TERRACE SW
NAPLES, FL 34116 US**

2. Principal Place of Business
11925 COLLIER BLVD

3. Mailing Address
P.O. BOX 990039



01102004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
65-0205256

Applied For
☐ Not Applicable

Zip Country
34116-6543 USA

Zip Country
34116-6060 USA

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

6. Name and Address of Current Registered Agent

**KRAMER, WILLIAM D
1838 40TH TERRACE SW
NAPLES, FL 34116**

7. Name and Address of New Registered Agent

Name

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

11925 COLLIER BLVD, #201

City **NAPLES**

FL

Zip Code
34116-6543

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 *William D. Kramer* **WILLIAM D. KRAMER**

APR 12 2004

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, 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 PT ☐ Delete
NAME **SCHMID, TONI**
STREET ADDRESS **342 POLYNESIA CT.**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE S ☐ Delete
NAME **SCHMID, ASTRID**
STREET ADDRESS **342 POLYNESIA CT.**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Toni Schmid* **TONI SCHMID**

01-26-04 29642-9327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #