2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

Percept Resort of Business Marker Syll	DOCU 1. Entity Nam HANSA, I						04-28-2004 90	0197 020 **	*158.75	
Sule, Apr. 4 oc. Sule, Apr. 4	1838 40TH NAPLES, FL	TERRACE SW 34116 US	C/O W,D,KRAMER 1838 40TH TERRACE S NAPLES, FL 34116				#8		NAKI ILAKIL	
City & Syste City & County City &	// 925 Suite, Apt.	P.O. BOX 9	7900	39						
3.4/16-6549 34/16-6560 34/1	City & Stat	e _	City & State NAPLES FL		,	4. FEI Number		Ap	Applied For	
Name Name Street Address (P.O. Box Number is Not Acceptable) II 9.25 Co LLIER QUVD, #3.01 B. The above named entity submits the statement for the purpose of changing is registered agent, or both, in the State of Fordia. I familiar with, and accept the obligations of spatered agent. B. The above named entity submits the statement for the purpose of changing is registered agent, or both, in the State of Fordia. I familiar with, and accept the obligations of spatered agent. B. The above named entity submits the statement for the purpose of changing is registered agent, or both, in the State of Fordia. I familiar with, and accept the obligations of spatered agent, or both, in the State of Fordia. I familiar with, and accept the obligations of spatered agent, or both, in the State of Fordia. I familiar with, and accept the obligations of spatered agent, or both, in the State of Fordia. I familiar with and accept the obligations of spatered agent. B. Change School agent agent or spatered agent or spatered agent or registered agent. B. Change School agent agent or spatered agent or registered agent. B. Change School agent agent or registered agent or registered agent. B. Change Agent agent agent or registered agent agent agent or registered agent. B. Change Agent agent. B. Change Agent ag	Zip:Country		Zin J_ Country		15A	5 Certificate of Status Desired		-\$8:75-Add	litional	
RRAMER WILLIAM D 1838 40TH TERRACE SW NAPLES, FL 34116 1925 COLLIFER QUVD, #30/ City NAPLES FL 2nd Code The obligations of sig secred agent. The State of Fords. I run familiar with, and accept the obligations of sig secred agent. The State of Fords. I run familiar with, and accept the obligations of sig secred agent. SIGNATURE Signature, year or present or registered agent, or both, in the State of Fords. I run familiar with, and accept the obligations of sig secred agent. SIGNATURE Signature, year or present or registered agent, or both, in the State of Fords. I run familiar with, and accept the obligations of sig secred agent. SIGNATURE Signature, year or present signature receives the reducting. Date SIGNATURE Signature, year or present signature receives the reducting. Date SIGNATURE Signature, year or present signature receives the reducting. Date SIGNATURE			Registered Agent	·		7. Name and Addre	ss of New Registere	d Agent		
I 19.25 COLLIER DUVD, #201 City NAPLES IT 39.0000 Sty 34.0000 St	1838 40TF	I TERRACE SW								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Jessered agent. SIGNATURE SIGNATURE	NAPLES,	FL 34116					10, #201			
the obligations of Agistered agent. Milliam J. Krame Milliam J. K		•			City NAPL	55	F	L Zip Code	- 6543	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing	the obligat	tions of figistered agent.	a June	VILLI	4M D. KR.	AMER	APR 1	2 2004	and accept	
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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.	NAME STREET ADDRESS		☐ Delete	NAM STRI	IE EET ADDRESS			☐ Change	Addition .	
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.	NAME STREET ADDRESS		□ Delete	NAM STR	ME EET ADDRESS			Change	Addition	
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