2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

05 JUN 20 PM 12:20

05-05-2006 90187 030 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L62010

1. Entity Name

HANNAH MCINTOSH INC

[redacted]

1st MOORE CR2E034 (10/05)

Principal Place of Business	Mailing Address
473 W. CHURCH AVE Longwood FL 32750	

2. Principal Place of Business	3. Mailing Address
Longwood FL	473 W. CHURCH AVE
Suite, Apt. # etc	Suite, Apt. # etc
City & State: Longwood FL	City & State
Zip: 32750 Country: USA	Zip Country

4. FEI Number: 59-3299192 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAUL A. HUNT 473 W. CHURCH AVE Longwood 32750	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 acce the obligations of registered agent.

SIGNATURE _____ DATE

Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changed)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addi
TITLE V NAME PAUL A HUNT STREET ADDRESS 473 W. CHURCH AVE CITY-ST-ZIP Longwood FL 32750		☐ Delete		☐ Change ☐ Addi
TITLE P NAME Seth Hannah STREET ADDRESS 3147 Sunrise Oak CITY-ST-ZIP Port Orange FL 32119		☐ Delete		☐ Change ☐ Addi
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addi

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL A HUNT VP PRESIDENT

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