2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Name	MENT # M70282				~~~~	July 1	01 20000
HANSAR	O HOMES, INC.						
Principal Place	of Business ADA BLVD, STE B	Mailing Address 299 W GRANADA BLVD, STE 8					
	ACH, FL 32174	ORMOND BEACH, FL 32174					
			02072006	No Cho-P		34 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For
<u> </u>				59-287 5. Certificate	of Status Desired		Not Applicable \$8.75 Additional
	8. Name and Address of Current		1			Fee Required	
	, WILLIAM C		DO	NOT W	RITE	<u>.</u>	
299 W GRANADA BLVD, STE B ORMOND BEACH, FL 32174			IN THIS SPACE				
	named entity submits this statement for one of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Fx	mida tami	lamiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if spoilcable (NOTE Registere	d Apent signature requires	d when reinstaling)		DATE	
Fil.	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	ncing \$5	.00 May 6e led to Fees				
10.	OFFICERS AND	DIRECTORS	Ţ		·		
NAME STREET ADDRESS	HANSARD, WILLIAM C 299 W GRANADA BLVD, STE B	· -	1		UCCOU C	1439349	4
CITY-ST-ZIP	ORMOND BEACH, FL 3Z174				03/01/06-	-80042-	-019 150.00
NAME			1				
STREET ADDRESS CITY-ST-ZIP]				
TITLE			1				
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STREET ADDRESS CITY-ST-ZIP]				
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SIRELI ADDRESS CITY-ST-EIP			j				
TITLE NAME							
STREET ADDRESS			•				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

386/676-0105