


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2007 -08:00 AM
Secretary of State**

DOCUMENT # M89055 1. Entity Name MARK HANSEN, INC.	
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Principal Place of Business 815 ORIENTA AVE STE 1050 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 815 ORIENTA AVE STE 1050 ALTAMONTE SPRINGS, FL 32701 US
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02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2897709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HANSEN, MARK 815 ORIENTA AVE STE 1050 ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, MARK 815 ORIENTA AVE, STE 1050 ALTAMONTE SPRINGS, FL 32701
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02/28/07-80075-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Mark Hansen 2/16/07 407.824.2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #