

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90691 004 ****61.25

DOCUMENT # N00000000051

1. Entity Name

HANSEN-BAYS, INC.



Principal Place of Business

5540 TENTH AVE.
FT. MYERS FL 33907

Mailing Address

P.O. BOX 61343
FT. MYERS FL 33906-1343

2. Principal Place of Business

5546 10TH AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 61343
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

4. FEI Number

65-0978389

Applied For

Not Applicable

Zip

33907

Country

LEE

Zip

33906

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, RAY PAUL
5540 TENTH AVENUE
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

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 accept the obligations of registered agent.

SIGNATURE:

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CARLSON, RAY PAUL
STREET ADDRESS 5540 TENTH AVE.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE D ☐ Delete
NAME PACIOUS, MARY ANNE
STREET ADDRESS 5540 TENTH AVE.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE D ☐ Delete
NAME CARLSON, DON PAUL
STREET ADDRESS 16307 HORIZON ROAD
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE D ☐ Delete
NAME MCBRIDE, RUTHANN
STREET ADDRESS 5180 HARBORAGE DR
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 617, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY P CARLSON - 4-30-04

Date

Daytime Phone #

(239)
994-4563