

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90017 027 ****61.25

DOCUMENT # N00000000051						
1. Entity Name HANSEN-BAYS, INC.						
Principal Place of Business 5546 10TH AVE FT. MYERS, FL 33907			Mailing Address P.O. BOX 61343 FT. MYERS, FL 33906-1343			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0978389		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CARLSON, RAY PAUL 5540 TENTH AVENUE FT. MYERS, FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) 15401 Will Lew Lane City Fort Myers FL Zip Code 33908		
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				DATE 1-7-05		
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME CARLSON, RAY PAUL		<input type="checkbox"/> Delete	TITLE D	NAME 15401 Will Lew Lane	
STREET ADDRESS 5540 TENTH AVE.	CITY-ST-ZIP FT. MYERS, FL 33907		<input type="checkbox"/> Change	STREET ADDRESS Fort Myers, FL 33908	<input type="checkbox"/> Addition	
TITLE D	NAME PACIOUS, MARY ANNE		<input type="checkbox"/> Delete	TITLE D	NAME 15401 Will Lew Lane	
STREET ADDRESS 5540 TENTH AVE.	CITY-ST-ZIP FT. MYERS, FL 33907		<input type="checkbox"/> Change	STREET ADDRESS Fort Myers, FL 33908	<input type="checkbox"/> Addition	
TITLE D	NAME CARLSON, DON PAUL		<input type="checkbox"/> Delete	TITLE D	NAME 15401 Will Lew Lane	
STREET ADDRESS 16307 HORIZON ROAD	CITY-ST-ZIP NORTH FT. MYERS, FL 33917		<input type="checkbox"/> Change	STREET ADDRESS Fort Myers, FL 33908	<input type="checkbox"/> Addition	
TITLE D	NAME MCBRIDE, RUTHANN		<input type="checkbox"/> Delete	TITLE D	NAME 15401 Will Lew Lane	
STREET ADDRESS 5180 HARBORAGE DR	CITY-ST-ZIP FORT MYERS, FL 33908		<input type="checkbox"/> Change	STREET ADDRESS Fort Myers, FL 33908	<input type="checkbox"/> Addition	
TITLE D	NAME MCBRIDE, RUTHANN		<input type="checkbox"/> Delete	TITLE D	NAME 15401 Will Lew Lane	
STREET ADDRESS 5180 HARBORAGE DR	CITY-ST-ZIP FORT MYERS, FL 33908		<input type="checkbox"/> Change	STREET ADDRESS Fort Myers, FL 33908	<input type="checkbox"/> Addition	
TITLE D	NAME MCBRIDE, RUTHANN		<input type="checkbox"/> Delete	TITLE D	NAME 15401 Will Lew Lane	
STREET ADDRESS 5180 HARBORAGE DR	CITY-ST-ZIP FORT MYERS, FL 33908		<input type="checkbox"/> Change	STREET ADDRESS Fort Myers, FL 33908	<input type="checkbox"/> Addition	
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:				DATE 1-7-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 839-994-4563		