

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007859

FILED
Feb 02, 2005
Secretary of State

Entity Name: HANNAH'S HOUSE, INC.

Current Principal Place of Business:

4305 AVE CANNES
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

4305 AVE CANNES
LUTZ, FL 33558

New Mailing Address:

FEI Number: 30-0132895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, DEEDEE
4305 AVE CANNES
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLY, DEEDEE
Address: 4305 AVE CANNES
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: KELLY, DANIEL B
Address: 4305 AVE CANNES
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: LETZKUS, LINDA
Address: P O BOX 2532
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: EATON, JOANN
Address: 6219 SAVANNAH BREEZE CT #205
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: STRELSE, DAVID
Address: 5117 STRATTON AVENUE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: YEAGER, ROSEMARY
Address: 1735 AUDUBON TRAIL
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REIBER, KENNETH
Address: 17694 JAMESTOWN WAY
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEEDEEKELLY

D

02/02/2005

Electronic Signature of Signing Officer or Director

Date