


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000004638</b>	
1. Entity Name <b>HANNAH'S BUDDIES, INC., AN ANDREW'S BUDDIES CHAPTER</b>	

Principal Place of Business <b>719 S ORLEANS AVE TAMPA, FL 33606</b>	Mailing Address <b>POST OFFICE BOX 14457 TAMPA, FL 33690</b>
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**DO NOT WRITE IN THIS SPACE**



08102005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3527816</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HUNT, TIMOTHY A 101 E. KENNEDY BLVD. SUITE 3700 TAMPA, FL 33602</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, DUNCAN 719 SOUTH ORLEANS AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ELLIOTT, LAURIE 719 SOUTH ORLEANS AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, LEIGH F 500 SEVERN AVENUE TAMPA, FL 33606
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Laurie Elliott Laurie Elliott 8-10-05 813-254-3337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #