

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90016 012 ***150.00

DOCUMENT # P0000038571

1. Entity Name

HANSON'S SALES, INC.



Principal Place of Business

5152 COQUINA CIRCLE
 NEW PORT RICHEY FL 34653

Mailing Address

5152 COQUINA CIRCLE
 NEW PORT RICHEY FL 34653

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

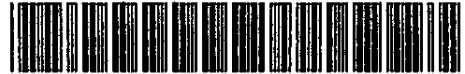
59-3639443

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

HANSON, NORMAN J
5152 COQUINA CIRCLE
NEW PORT RICHEY, FL 34653

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, JACQUELINE A	
STREET ADDRESS	5014 SERENE SQUARE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSON, JEFFREY	
STREET ADDRESS	7747 WELLAND STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANSON, MICHAEL	
STREET ADDRESS	1133 CLENDONDEN ROAD	
CITY-ST-ZIP	MARYVILLE TN 37801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANSON, RICK	
STREET ADDRESS	251 BLACKTHAN COURT	
CITY-ST-ZIP	ROUND LAKE IL 60073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANSON, NORMAN J	
STREET ADDRESS	5152 COQUINA CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Norman J. Hanson* *[Signature]* 2-9-04 534-9818

Mobile:

~~888-6449~~

Attachments
Hanson's 14026139

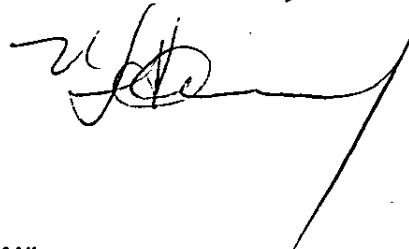
727 Phone:
~~818-849-6062~~

5152 Coquina Circle, New Port Richey, FL 34653

#P000000 38571
7/13/04

Dear Sir:

ENCLOSED IS THE ANNUAL REPORT
FOR HANSON'S SALES, INC. AND THE \$150.00
FEE. THIS WAS MAILED TO YOU ON 2/9/04
BUT HAS NOT CLEARED MY BANK. I HAVE
STOPPED PAYMENT ON THE 1ST CHECK AND
I AM ENCLOSED ANOTHER CHECK AND A COPY
OF THE REPORT. THIS PER INSTRUCTIONS OF
SEAN OF YOUR OFFICE ON 7/9/04.

Thank you


"If it makes \$ I'm interested!"

