


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000038571**  
1. Entity Name  
**HANSON'S SALES, INC.**



Principal Place of Business - Mailing Address  
**5152 COQUINA CIRCLE**      **5152 COQUINA CIRCLE**  
**NEW PORT RICHEY, FL 34653**      **NEW PORT RICHEY, FL 34653**

**DO NOT WRITE IN THIS SPACE**



03012005    No Chg-P    CR2E034 (10/03)

4. FEI Number **59-3639443**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HANSON, NORMAN J**  
**5152 COQUINA CIRCLE**  
**NEW PORT RICHEY, FL 34653**

**DO NOT WRITE IN THIS SPACE**

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. **NORMAN J HANSON**

SIGNATURE: *[Signature]*      DATE: **3-1-05**

NOTE: Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

**U00000252452**  
**03/05/05-80024-024 150.00**

**10. OFFICERS AND DIRECTORS**

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

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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)(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 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: *[Signature]*      Date: **3-1-05**      Daytime Phone #: **727 534 9818**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR