

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038571

Entity Name: HANSON'S SALES, INC.

FILED
Mar 27, 2006
Secretary of State

Current Principal Place of Business:

5152 COQUINA CIRCLE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

5152 COQUINA CIRCLE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3639443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANSON, JACQUELINE A
Address: 5014 SERENE SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P () Delete
Name: HANSON, JEFFREY
Address: 7747 WELLAND STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: HANSON, MICHAEL
Address: 1133 CLENDONEN ROAD
City-St-Zip: MARYVILLE, TN 37801

Title: ST () Delete
Name: HANSON, RICK
Address: 251 BLACKTHAN COURT
City-St-Zip: ROUND LAKE, IL 60073

Title: VP () Delete
Name: HANSON, NORMAN J
Address: 5152 COQUINA CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34653

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN HANSON

VP

03/27/2006

Electronic Signature of Signing Officer or Director

Date