


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 032 ***150.00

DOCUMENT # P00000062158 1. Entity Name 3955 HANOVER CORPORATION	
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Principal Place of Business C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480	Mailing Address C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480
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24075261



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025502	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUFFMAN, KENT 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PAYAN, ELIZABETH 3955 HANOVER CIRCLE LOXAHATCHEE, FL 33470
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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: Elshoree de Ryan 4/29/04 561-3337665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #