

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90015 040 ***150.00

DOCUMENT # P00000094147

1. Entity Name
HANNOVER USA REAL ESTATE CORPORATION



Principal Place of Business
**20 NORTH ORANGE AVE SUITE 704
ORLANDO, FL 32801**

Mailing Address
**20 NORTH ORANGE AVE SUITE 704
ORLANDO, FL 32801**

50001911



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3675241

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTERS, D. MALLORY
20 N ORANGE AVE STE 704
ORLANDO, FL 32801**

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, 2006 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
DECKER, RAINER
KARL WEICHERT-ALLEE 57
HANNOVER GERMANY,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
BRAZIEL, DENNIS D
800 N MAGNOLIA AVE
ORLANDO, FL 32803**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**7 Times Square, 37th Floor
New York, NY 10036**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WALTERS, D M
20 N. ORANGE AVE. SUITE 704
ORLANDO, FL 32801**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

D. Mallory Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06
Date

407-254-5454
Daytime Phone #