2004 FOR PROFIT-CORPORATION ANNUAL REPORT

-5 ° -	ANNUAL	REPORT		_ FILED
DOCUMENT # P01000012696 1. Entity Name HANNIFIN & ASSOCIATES, INC.				O4 MAY 21 PM 6: 39 SECRETARY OF STATE TALL SHASSEE, FLORIDA
Principal Place 1300 CORPO #105 C WELLINGTON	ORATE OR	Mailing Address 1300 CORPORATE 88- #105 C WELLINGTON, FL 33414 3. Mailing Address	• •	
1360 Suite, Apt.	CORPORATE CT	· Mar ./ .		05182004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 65-1070769 Not Applicable
3341	Country 6. Name and Address of Current Re	Zip egistered Agent	Country	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
HANNIFIN, MARK 1952 S. CLUNB DRIVE WELLINGTON, FL 33414 Street Address (P.O. Box Number is Not Acceptable) City WELLINGTON FL Zip Code 4/14 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, typod or printed name of registered agent and		Registered Agent signature re	
D	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaig Trust Fund Contri	ibution.	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD "HANNIFIN, MARK 1952 S. CLUNB DRIVE WELLINGTON, FL 33414	IRECTORS Delete	`	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OChange Addition 952 S. CLUB DRIVE VELLINGTON FL. 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HANNIFIN, STARRR 1952 S. CLUNB DRIVE WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TARR HAMNIFMAChange Addition 952 S. CLUB DRIVE VELINISTON FL 334(12)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete 🗢 🗀	NAME STREET ADDRESS CITY-ST-ZIP	600037439156 06/01/0401027020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 2 3 2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 AND TYPED ON PRINTED NAMEOF SIGNING OFFICER OF DIRECTOR				