2004 FOR PROFIT CORPORATION

FILED Mar 18, 2004 08:00 AM

ANNUAL REPORT				Secretary of State			
DOCU 1. Entity Nam HANNAH		17					
Principal Place of Business Mailing Address 4141 E. TAMIAMI TRAIL NAPLES, FL 34112 NAPLES, FL 34112							
C	OO NOT WRITE	CE	02032004 4. FEI Numbe 59-370		CR2E034 (1		
	6. Name and Address of Current Re-	istered Agent	1	1			required
KOCHAR, HANNAH E 27140 FLOSSMOOR DR. BONITA SPRINGS, FL 34135				· · ·	NOT W		
8. The above the obligat SIGNATURE.	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the		red office or registe		h, in the State of Flo	orlda. I am familia	ar with, and accept
FILE NOWIII FEE tS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing\$5	00 May Be			
10. Title NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DIE PVST KOCHAR, HANNAH E 27140 FLOSSMOOR DR. BONITA SPRINGS, FL 34135	ECTORS			U000000 03/18/04-8	091796	150.00°
name Sireet address City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-JIP) = 44 		DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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.

mle NAME STREET ADDRESS

SIGNATURE: ## SEGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DE