

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90027 020 ***150.00



DOCUMENT # P01000080068	
1. Entity Name EILEEN H HANDE, INC.	
Principal Place of Business 7587 LONDON LANE BOCA RATON FL 33433	Mailing Address 7587 LONDON LANE BOCA RATON FL 33433
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1129665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANDE, BRUCE E 7587 LONDON LANE BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name: EILEEN H. HANDE Street Address (P.O. Box Number is Not Acceptable): 7587 LONDON LANE City: BOCA RATON FL Zip Code: 33433
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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: *Eileen H. Hande* President *Eileen H. Hande* DATE: *3/15/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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: D <input checked="" type="checkbox"/> Delete	NAME: HANDE, BRUCE E	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7587 LONDON LANE	CITY-ST-ZIP: BOCA RATON FL 33433	NAME:	
TITLE: PD <input type="checkbox"/> Delete	NAME: HANDE, EILEEN H	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7587 LONDON LANE	CITY-ST-ZIP: BOCA RATON FL 33433	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	

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: *Eileen H. Hande* President *Eileen H. Hande* DATE: *3/24/05* (562) 75-6185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #