


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90506 048 \*\*\*150.00

<b>DOCUMENT # P01000084456</b>	
1. Entity Name <b>HANNAH STANLEY, P.A.</b>	

Principal Place of Business <b>4631 PARADISE ISLES 1201 E DESTIN FL 32541</b>	Mailing Address <b>4631 PARADISE ISLES 1201 E DESTIN FL 32541</b>
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2. Principal Place of Business <b>4631 Paradise Isles</b>	3. Mailing Address <b>4631 Paradise Isles</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Destin FL</b>	City & State <b>Destin FL</b>
Zip <b>32541</b>	Zip <b>32541</b>
Country <b>OKaloosa</b>	Country <b>OKaloosa</b>

6. Name and Address of Current Registered Agent <b>STANLEY, HANNAH 1050 HWY 98 E # 1201 E DESTIN FL 32541</b>	7. Name and Address of New Registered Agent Name <b>Stanley, Hannah</b> Street Address (P.O. Box Number is Not Acceptable) <b>36008 Emerald Coast Pkwy #201 B</b> City <b>Destin</b> FL Zip Code <b>FL</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS STANLEY, HANNAH 1050 HWY 98 E # 1201 E DESTIN FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>36008 Emerald Coast Pkwy #201 B</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Hannah Stanley Hannah Stanley **4-23-04 855-830-9764**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #