


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90074 028 ***150.00

DOCUMENT # P01000084456 1. Entity Name HANNAH STANLEY, P.A.																													
Principal Place of Business 4631 PARADISE ISLES DESTIN FL 32541			Mailing Address 4631 PARADISE ISLES DESTIN FL 32541																										
2. Principal Place of Business 36008 Emerald Coast Pkwy Suite, Apt. #, etc. #201B		3. Mailing Address 36008 Emerald Coast Pkwy Suite, Apt. #, etc. 201B																											
City & State Destin, FL		City & State Destin FL																											
Zip 32541		Country OKaloosa		Zip 32541																									
Country OKaloosa		Country OKaloosa																											
6. Name and Address of Current Registered Agent STANLEY, HANNAH 36008 EMERALD COAST PKWY #201B DESTIN FL 32541																													
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																													
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PDS -</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STANLEY, HANNAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>36008 EMERALD COAST PKWY #201B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN FL 32541</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PDS -	<input type="checkbox"/> Delete	NAME	STANLEY, HANNAH		STREET ADDRESS	36008 EMERALD COAST PKWY #201B		CITY-ST-ZIP	DESTIN FL 32541		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Hannah Stanley Hannah Stanley</u> <u>2-1-05</u> <u>850-830-9764</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

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1st MOORE CR2E034 (10/04)

4. FEI Number **59-3744145** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**