

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005194

Entity Name: CARL HANSON, P.A.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

48 N.E. 15TH STREET  
HOMESTEAD, FL 33030

## New Principal Place of Business:

1850 OLD DIXIE HIGHWAY  
HOMESTEAD, FL 33033

## Current Mailing Address:

48 N.E. 15TH STREET  
HOMESTEAD, FL 33030

## New Mailing Address:

1850 OLD DIXIE HIGHWAY  
HOMESTEAD, FL 33033

FEI Number: 46-0482009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANSON, CARL  
48 N.E. 15TH STREET  
HOMESTEAD, FL 33030 US

## Name and Address of New Registered Agent:

HANSON, CARL  
1850 OLD DIXIE HIGHWAY  
HOMESTEAD, FL 33033 US

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.

SIGNATURE: CARL HANSON

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: HANSON, CARL  
Address: 48 N.E. 15TH STREET, 2ND FLOOR  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: HANSON, CARL  
Address: 48 N.E. 15TH STREET, 2ND FLOOR  
City-St-Zip: HOMESTEAD, FL 33030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: HANSON, CARL  
Address: 1850 OLD DIXIE HIGHWAY  
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Change ( ) Addition  
Name: HANSON, CARL  
Address: 1850 OLD DIXIE HIGHWAY  
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL HANSON

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date