

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000033544**

1. Entity Name  
**T. & S. HANSON, INC.**



Principal Place of Business  
**1809 MICCOSUKEE COMMONS BLVD  
 SUITE 108  
 TALLAHASSEE, FL 32308**

Mailing Address  
**1809 MICCOSUKEE COMMONS BLVD  
 SUITE 108  
 TALLAHASSEE, FL 32308**



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **04-3637237** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HANSON, TOM  
 2372 TUSCAVILLA ROAD  
 TALLAHASSEE, FL 32312**

**DO NOT WRITE  
 IN THIS SPACE**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000156573  
 05/05/04-80082-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HANSON, TOM
STREET ADDRESS	2372 TUSCAVILLA RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	HANSON, SUZANNE
STREET ADDRESS	2372 TUSCAVILLA RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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:** *Tom Hanson* **Tom Hanson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #