# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P02000059123

1. Entity Name

HANSEN CONCRETE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4545 CANOE CREEK RD<br>ST. CLOUD FL 34772 | 4545 CANOE CREEK RD<br>ST. CLOUD FL 34772 |

1st MOORE CR2E034 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 01-0699507 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HANSEN, JOHN<br>4545 CANOE CREEK RD<br>ST. CLOUD FL 34772 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 acc 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 reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fe

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HANSEN, JOHN<br>4545 CANOE CREEK RD<br>ST. CLOUD FL 34772 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HANSEN, LESLIE<br>4545 CANOE CREEK RD<br>ST. CLOUD FL 34772 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HANSEN, HARVEY<br>3186 GREAT OAKS BLVD<br>KISSIMMEE FL 34744 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>HANSEN, CLARA<br>3186 GREAT OAKS BLVD<br>KISSIMMEE FL 34744 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John Hansen 3-3-06 407-891-52
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #