

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 4545 CANOE CREEK RD ST. CLOUD FL 34772	Mailing Address 4545 CANOE CREEK RD ST. CLOUD FL 34772
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 01-0699507	Applied For ☐ Not Applied
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HANSEN, JOHN 4545 CANOE CREEK RD ST. CLOUD FL 34772	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

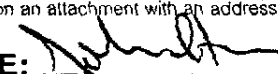
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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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 Fee
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add
NAME	HANSEN, JOHN	NAME	
STREET ADDRESS	4545 CANOE CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34772	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Add
NAME	HANSEN, LESLIE	NAME	
STREET ADDRESS	4545 CANOE CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34772	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Add
NAME	HANSEN, HARVEY	NAME	
STREET ADDRESS	3186 GREAT OAKS BLVD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	TS ☐ Delete	TITLE	☐ Change ☐ Add
NAME	HANSEN, CLARA	NAME	
STREET ADDRESS	3186 GREAT OAKS BLVD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: 	John Hansen	3-3-06 407-891-52
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