

2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90356 020 ***150.00

DOCUMENT # P02000065563

1. Entity Name

HANNA + SONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6120 POWERS AVE

Suite, Apt. #, etc.

STE 4

City & State

JACKSONVILLE FL

Zip

32217

Country

USA

3. Mailing Address

6120 POWERS AVE

Suite, Apt. #, etc.

STE 4

City & State

JACKSONVILLE FL

Zip

32217

Country

USA

50041019

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1010140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOANNA HANNA

Street Address (P.O. Box Number is Not Acceptable)

6120 POWERS AVE STE 4

City

JACKSONVILLE

FL

Zip Code

32217

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P. D.
JOANNA HANNA
6120 POWERS AVE STE 4
JACKSONVILLE FL 32217

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNA HANNA

Joanna Hanna

4/14/05

904
737-3332