


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000069404 1. Entity Name HANNAHILL FARM, INC.					
Principal Place of Business 28062 35TH PATH BRANFORD FL 32008				Mailing Address 28062 35TH PATH BRANFORD FL 32008	
2. Principal Place of Business...				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country SUWANNEE		4. FEI Number 75-3067894	
6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR. CLEARWATER FL 33761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUDSON, CATHERINE J 28062 35TH PATH BRANFORD FL 32008 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000296643 04/09/05-800 72-023 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANNA, DAVID A 28062 35TH PATH BRANFORD FL 32008 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Catherine J. Hudson 4/6/05 (386)935 3006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

