

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90035 048 \*\*\*150.00

**DOCUMENT # P02000078329**

1. Entity Name  
**DEAN HAHNENBERG, INC**



Principal Place of Business

**1761 BARSTABLE ROAD  
WELLINGTON, FL 33414 US**

Mailing Address

**1761 BARSTABLE ROAD  
WELLINGTON, FL 33414 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**30-0096735**

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

**HAHNENBERG, DEAN P  
3827 GEORGIA AVE  
SUITE 1C  
WEST PALM BEACH, FL 33405**

Name *Dean P Hahnenberg*  
Street Address (P.O. Box Number is Not Acceptable)  
*1761 Barnstable Rd*  
City *Wellington* FL Zip Code *33414*

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 \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P. HAHNENBERG, DEAN P** ☒ Delete  
STREET ADDRESS **3728 GEORGIA AVE**  
CITY - ST - ZIP **WEST PALM BEACH, FL 33405**

TITLE  
NAME *Dean Hahnenberg* ☒ Change ☐ Addition  
STREET ADDRESS *1761 Barnstable Rd*  
CITY - ST - ZIP *Wellington, FL 33414*

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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: *Dean Hahnenberg* **Dean P Hahnenberg** 3/23/04 561-644-2670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #