


2004 FOR PROFIT CORPORATION ANNUAL REPORT

10fz

FILED

04 OCT 25 PM 4: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097351		
1. Entity Name HANOVER BUILDING PROPERTY MAINTENANCE, INC.		

Principal Place of Business 22615 SW 66TH AVE #211 BOCA RATON, FL 33428	Mailing Address 22615 SW 66TH AVE #211 BOCA RATON, FL 33428
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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



REINSTATEMENT

4. FEI Number 82-0561471	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VILES, HAROLD SR 22615 SW 66TH AVE #211 BOCA RATON, FL 33428		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.

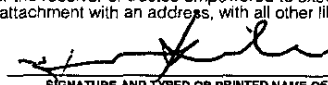
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITES, HAROLD 22615 SW 66 AVE. #211 BOCA RATON, FL 33428 <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	P VILES, NORA 9824 SAN SIMAON CIRCLE WESTON, FL 33331 <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
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
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

200042167172
10/25/04--01089--006 **150.00

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:  **10/11/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2012

Richard C. Pollock, CPA, PA
7797 N. University Drive Ste 105
Tamarac, FL 33321
954-726-2537

September 22, 2004

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

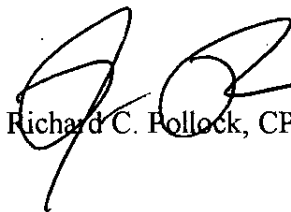
Re: Hanover Building Property Maintenance Inc.

To Whom it May Concern:

We are the accountants for the above named client. Our client never received the notice mentioned. We ask that you waive the \$400.00 late fee and accept the annual report.

If you have any further questions, please feel free to contact us.

Sincerely,



Richard C. Pollock, CPA, PA