## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P02000126454 1. Entity Name RICHARD HANELY #1, INC.

**FILED** Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90053 014 \*\*\*150.00

Principal Place of Business Mailing Addre							-		
2937 S. ATLANTIC AVENUE APARTMENT 1601 DAYTONA BEACH SHORES, FL 32118		2937 S. ATLANTIC AVENUE APARTMENT 1601 DAYTONA BEACH SHORES, FL 32118			-   (111/41) (	1110 11311 9811 1881 <b>2</b> 811		III AIREI 8110 BIZ	E <b>ire</b> II i <b>ir</b> i
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number	08553	:38		plied For at Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent				Address of New R	egistered A	\gent	<u> </u>
				Name					
HANLEY, RICHARD 2937 S. ATLANTIC AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
APARTMENT 1601 DAYTONA BEACH SHORES, FL 32118					·				
4				City			FL	Zip Code	e
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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstaling). DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Onter the control of the									
	E NOW!!!~FEE IS \$150.00 ay 1, 2004 Fee will be \$550.				5.00 May Be Ided to Fees		-	e_'	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PTD	☐ Delete	TITL	E		•		☐ Change	☐ Addition
NAME	HANLEY, RICHARD			- 1					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-ST-ZIP					
<u> </u>	DATTONA BEACH SHORES, FL						<del></del>	Channe	- Andition
TITLE NAME		☐ Delete	TITL					Change	☐ Addition
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CITY-ST-ZIP	,			Y-ST-ZIP	-		- '	• •-	
	L certify that the information supplied with	n this filing does not qualify	1	l	Section 119.07(3)(i)	, Florida Statutes.	I further cer	tify that the in	nformation

records setting that the minimation supplied with this filling does not quality 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:** 

YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR