2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90101 049 ***150.00

DOCUMENT # P03000020938

1. Entity Name
HANSEN REPORTING SERVICES, INC.

Principal Place of Business	Mailing Address
2880 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904	2880 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904

01252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1840 Brookshire Circle Suite, Apt. #, etc.	1840 Brookshire Circle Suite, Apt. #, etc.
City & State: West Melbourne FL	City & State: West Melbourne FL
Zip: 32904 Country: U.S.A.	Zip: 32904 Country: USA

4. FEI Number 30-0167120 ☐ 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
HANSEN, ELIZABETH W 2880 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904	Name Street Address (P.O. Box Number is Not Acceptable): 1840 Brookshire Circle City: West Melbourne FL Zip Code: 32904

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: Elizabeth W. Hansen 1126937 1/26/04
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 / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, ELIZABETH W 2880 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1840 Brookshire Circle West Melbourne FL 32904
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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)(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: Elizabeth W. Hansen 1/26/04 321.733.2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth W. Hansen