

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053817

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Entity Name:** HANSON'S TRACTOR AND MOWER REPAIR & RENTAL INC.

**Current Principal Place of Business:**

902-B SHADY LANE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

902-B SHADY LANE  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 02-0691388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANSON, FRANCEINE M VP  
1124 CREEK WOODS CIRCLE  
SAINT CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HANSON, STEVE W  
Address: 1124 CREEK WOOD CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: VP ( ) Delete  
Name: HANSON, FRANCEINE M  
Address: 1124 CREEK WOOD CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE HANSON

PD

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date