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Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90061 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075150

1. Entity Name
HMN (USA), INC.

24025089

Principal Place of Business	Mailing Address
4003 S WESTSHORE BLVD #3407 TAMPA, FL 33611	4003 S WESTSHORE BLVD #3407 TAMPA, FL 33611

03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9614 Dunscroft Lane	9614 Dunscroft Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33626 Country: USA	Zip: 33626 Country: USA

4. FEI Number 20-0088487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUG, ROBERT ESQ
4010 BOY SCOUT BLVD SUITE 590
TAMPA, FL 33607

7. Name and Address of New Registered Agent

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 ______ 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 JOHANSEN, ROLAND 4003 S WESTSHORE BLVD #3407 TAMPA, FL 33611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roland Johansen 9614 Dunscroft Lane Tampa, Florida, 33626	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Roland Johansen 15.03.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #