

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-22-2004 90091 036 ***150.00

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1. Entity Name

HANNOVER BALING, INC.



Principal Place of Business
1936 BRENGLE AVENUE
ORLANDO FL 32808
US

Mailing Address
1936 BRENGLE AVENUE
ORLANDO FL 32808
US

66409620



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651200181

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

HOEQUIST, CHARLES E
3113 LAWTON ROAD
SUITE 225
ORLANDO FL 32803

Name KATHLEEN R FOSTER

Street Address (P.O. Box Number is Not Acceptable)
1936 BRENGLE AVE

City ORLANDO

FL

Zip Code
32808

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 Kathleen R Foster KATHLEEN R FOSTER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME FOSTER, KATHLEEN R
STREET ADDRESS 1936 BRENGLE AVENUE
CITY - ST - ZIP ORLANDO FL 32808

TITLE T ☐ Change ☒ Addition
NAME FOSTER DAVID M.
STREET ADDRESS 1936 BRENGLE AVE
CITY - ST - ZIP ORLANDO FL 32808

TITLE S/T ☒ Delete
NAME HOEQUIST, CHARLES E
STREET ADDRESS 3113 LAWTON ROAD, SUITE 225
CITY - ST - ZIP ORLANDO FL 32803

TITLE S ☒ Change ☐ Addition
NAME HOEQUIST, CHARLES E
STREET ADDRESS 3113 LAWTON ROAD SUITE 225
CITY - ST - ZIP ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: Kathleen R Foster KATHLEEN R FOSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

DATE

407-293-4770

DAYTIME PHONE #