

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000049168	
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1. Entity Name
MR. HAN'S CO.

Principal Place of Business
**6944 NW 10TH PLACE
GAINESVILLE, FL 32605 US**

Mailing Address
**6944 NW 10TH PLACE
GAINESVILLE, FL 32605 US**



01122006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0181966	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAN, ERIC
6944 NW 10TH PLACE
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

7. 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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

**FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00**

8. Election Campaign Financing
True Fund Contribution ☐

\$5.00 May Be
Added to Fees

**100000390450
01/23/06-80029-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAN, ERIC
STREET ADDRESS	6944 NW 10TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, custodian, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of

SIGNATURE: _____

SIGNATURES ARE TYPED OR PRINTED NAMED OFFICER OR DIRECTOR

1/12/06

Date

Daytime Phone #