

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90265 023 ***150.00

DOCUMENT # P04000073025					
1. Entity Name HANCO INC					
Principal Place of Business 283 S BRIDGE STREET LABELLE, FL 33935			Mailing Address 283 S BRIDGE STREET LABELLE, FL 33935		
2. Principal Place of Business <i>Curves of Labelle</i>		3. Mailing Address <i>283 S. Bridge St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Labelle		City & State Labelle, FL		4. FEI Number 20-1081520	
Zip 33935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCO, LEIGH H. 283 S BRIDGE STREET LABELLE, FL 33935			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: _____ (NOTE: Registered Agent signature required when renouncing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME FRANCO, LEIGH H		<input type="checkbox"/> Delete		
STREET ADDRESS 5251 EMMITTS RUN	CITY-ST-ZIP ALVA, FL 33920		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME HANSEN, WESLEY L JR		<input type="checkbox"/> Delete		
STREET ADDRESS 558 CHARWOOD AVENUE, SOUTH	CITY-ST-ZIP LEHIGH ACRES, FL 33936		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Leigh H. Franco</i>			Date: <i>4/20/05</i>		Daytime Phone: <i>863-673-2581</i>