## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 23, 2008 08:00 AN Secretary of State **DOCUMENT # P04000082091** 1. Entity Name HANSEN CONTRACTING, INC. 836 N. E. 7TH. IERRACE 1704 SW 255. 1704 SW 3RD ST UNIT #5 Cape Caral, 71 CAPE CORAL, FL 33991 04142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1160780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNOWDEN, BILLY JO J DO NOT WRITE 1704 SW 3RD ST CAPE CORAL, FL 33991 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aigneture required when reinstating) DATE U00000917389 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/13/08-80038-017 158.75 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10.

TITLE SNOWDEN, BILLY JO J NAME STREET ADDRESS 1704 SW 3RD ST CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 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, without put of the composition of the corporation or 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

SIGNATURE:

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.14.08

Daytime Phone #