2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 29, 2005 8:00 am **Secretary of State** DOCUMENT # P04000118652 07-29-2005 90016 008 ***150.00 1. Entity Name HANNA ROSE, INC. Principal Place of Business Mailing Address 1711 BAMBOO DR 1711 BAMBOO DR 50058694 VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4 FFI Number 51-0527411 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, ROBERT'L -Street Address (P.O. Box Number is Not Acceptable) 209 S NASSAU ST SUITE 101 VENICE, FL 34285 City 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 righte of registered agent and title if applicable (NOTE: Registered Agent signature required when (enstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE carol M. Heineman Delete TITLE ☐ Change ☐ Addition NAME NAME 1711 Bamboo Dr. STREET ADDRESS STREET ADDRESS Venix, E1. 34293 CITY - ST - ZIP CITY-ST-ZIP Richard R. Heineman THILE □ Delete TITLE Change ■ Addition NAME NAME MII Bamboo Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-7IP Verice II TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 is changed, or on an attaching anythin an address, with all other like empowered.

GNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

#\$\int_0400011865\rightarrow 7/22/05

Florida Dept of State 694

Division of lorporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Mr. Scatt:

This letter is in reference to your letter dated July 12, 2005, regarding Hanna Rose, Suc.

This is our first year of existence. We do not want to dissolve the lorporation. And we did not receive any notice of annual Report being due- now we know. So we request a fee abstement for the corporation.

Enland is thech for \$15000 for annual Especial.

Abert you, f. Aleenona VP Alana Desco Suc. 1711 Bamboo Br. Verice, 31 34293