

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025094

FILED
Mar 24, 2009
Secretary of State

Entity Name: HANSFORD AND VAN GILDER, INC.

Current Principal Place of Business:

714 WYOMING AVE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

714 WYOMING AVE
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 02-0738723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

.SPIEGEL & UTRERA, P.A
1840 CORAL WAY
4TH FLOOR
MIAMI, FL 33145 US

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.

SIGNATURE: LINDA K SULLIVAN

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HANSFORD, DAVID S PTD
Address: 714 WYOMING AVE
City-St-Zip: ST. CLOUD, FL 34769

Title: VSD () Delete
Name: SULLIVAN, LINDA K VSD
Address: 914 WYOMING AVE
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA K SULLIVAN

VSD

03/24/2009

Electronic Signature of Signing Officer or Director

Date