

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000025094

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** HANSFORD AND VAN GILDER, INC.

**Current Principal Place of Business:**

714 WYOMING AVE  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

714 WYOMING AVE  
ST. CLOUD, FL 34769 US

**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:**

SULLIVAN, LINDA K VSD  
714 WYOMING AVE  
SAINT CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

SULLIVAN, LINDA K RA  
714 WYOMING AVE  
SAINT CLOUD, FL 34769 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

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** VP  
**Name:** BOWDEN, JAMES  
**Address:** 323 GRAPEFRUIT LANE  
**City-St-Zip:** ST CLOUD, FL 34769

**Title:** VP  
**Name:** BALDWIN, ERIC B  
**Address:** 1416 6TH ST  
**City-St-Zip:** ST CLOUD, FL 34769

I hereby 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 all other like empowered.

**SIGNATURE:** LINDA K SULLIVAN

RA

04/01/2011

Electronic Signature of Signing Officer or Director

Date