



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90016 013 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P05000030827</b><br>1. Entity Name<br><b>RICHARD HANSON'S HOMEWATCH INC.</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>10023 MAJESTIC AVENUE<br/>FORT MYERS, FL 33913</b>   |  |  | Mailing Address<br><b>10023 MAJESTIC AVENUE<br/>FORT MYERS, FL 33913</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  |   |  |
|    |  |  |  |   |  |
| 02022006      Chg-P      CR2E034 (11/05)   |  |  |  |   |  |
| 4. FEI Number<br><b>20-2440124</b>   |  |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>HANSON, RICHARD J<br/>10023 MAJESTIC AVENUE<br/>FORT MYERS, FL 33913</b>  |  |  | Name <b>Richard J. HANSON</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10023 MAJESTIC AVE</b><br><b>FT. MYERS</b><br>City <b>FL</b> Zip Code <b>33913</b> |   |  |
| 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 <u><i>Richard J. Hanson</i></u> DATE <u><i>1/7/06</i></u><br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br><b>P</b>  | NAME<br><b>HANSON, RICHARD J</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>10023 MAJESTIC AVENUE</b><br>CITY-ST-ZIP<br><b>FORT MYERS, FL 33913</b> |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME<br><b>DEBRA HANSON</b> <input type="checkbox"/> Delete  | STREET ADDRESS<br><b>10023 MAJESTIC AVE</b><br>CITY-ST-ZIP<br><b>FT MYERS FL 33913</b>   |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | STREET ADDRESS<br><br>CITY-ST-ZIP  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | STREET ADDRESS<br><br>CITY-ST-ZIP  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | STREET ADDRESS<br><br>CITY-ST-ZIP  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | STREET ADDRESS<br><br>CITY-ST-ZIP  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | STREET ADDRESS<br><br>CITY-ST-ZIP  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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, with all other like empowered. |  |  |  |   |  |
| SIGNATURE: <u><i>Richard J. Hanson</i></u> DATE <u><i>1/7/06</i></u> DAYTIME PHONE # <u><i>239-561-0284</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  |   |  |