2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2007 8:00 am Secretary of State DOCUMENT # P05000030827 1. Entity Name 02-07-2007 90036 010 ***150.00 RICHARD HANSON'S HOMEWATCH INC. Principal Place of Business Mailing Address 10023 MAJESTIC AVENUE 10023 MAJESTIC AVENUE FORT MYERS, FL 33913 FORT MYERS, FL 33913 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13016 Milford Place 3016 Mulford Place Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Fort 20-2440024 Fort Mycrz Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33913 <u>u</u> s A Fee Required u s A 33913 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hanson, Richard HANSON, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 10023 MAJESTIC AVENUE FORT MYERS, FL 33913 Zip Code ろろりいろ 8. The above named entity submits this statement to 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 (NOTE: Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition NAME HANSON, RICHARD J NAME Hanson Richard I. 10023 MAJESTIC AVENUE STREET ADDRESS STREET ADDRESS 13014 Miltord Place CITY-ST-ZIP FORT MYERS, FE 33913 CITY-ST-ZIP Fort Mycrs, FL 33913 TITLE ☐ Delete TITLE Change ☐ Addition NAME HANSON, DEBRA NAME Hanson, Debra 13016 Milford Place STREET ADDRESS 100023 MAJESTIC AVE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP FORT Myers FL 33913 TTLE ☐ Delete πη ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIE CITY-ST-7IP TITLE ☐ Defete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-718 CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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

of the corporation or the receiver or trustee changed, or on an attachment with an addr

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