# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# P93000010991

**Entity Name:** HASSON ENTERPRISES, INC.

**Current Principal Place of Business:**

10308 PARADISE BLVD.
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

10308 PARADISE BLVD.
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**FEI Number: 59-3171021** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCLEOD, PHILIP A
300 FIRST AVENUE SOUTH
SUITE 401
ST. PETERSBURG, FL 33701 US

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

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | HASSON, ROBERT, JAME, S | |
| Address: | 10308 PARADISE BLVD | |
| City-St-Zip: | TREASURE ISLAND, FL 33706 | |
| Title: | ST | ( ) Delete |
| Name: | HASSON, JULIA, H, | |
| Address: | 10308 PARADISE ISLAND | |
| City-St-Zip: | TREASURE ISLAND, FL 33706 | |
| Title: | VP | ( ) Delete |
| Name: | HASSON, ROBERT, JULI, AN | |
| Address: | 8511 KING ST | |
| City-St-Zip: | SEMINOLE, FL 34642 | |
| Title: | VP | ( ) Delete |
| Name: | HASSON, JAMES, A, | |
| Address: | 6237-28TH AVENUE, NO. | |
| City-St-Zip: | ST PETERSBURG, FL 33710 | |
| Title: | VP | ( ) Delete |
| Name: | HASSON, WILLIAM, B, | |
| Address: | 6201-28TH AVE NORTH | |
| City-St-Zip: | ST PETERSBURG, FL 33710 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VPVP | (X) Change ( ) Addition |
| Name: | HASSON, WILLIAM, B, | |
| Address: | 6201-28TH AVE NORTH | |
| City-St-Zip: | ST PETERSBURG, FL 33710 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J. HASSON VP 04/27/2004

Electronic Signature of Signing Officer or Director — Date