2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000042615

1. Entity Name
HANSON & HANSON, P.A.

Principal Place of Business	Mailing Address
617 W COLONIAL DR ORLANDO, FL 32804 US	617 W COLONIAL DR ORLANDO, FL 32804 US

DO NOT WRITE IN THIS SPACE

02272006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3197272	Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, MITCHELL A
617 W COLONIAL DR
ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANSON, MICHAEL A
STREET ADDRESS	617 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	VCD
NAME	HANSON, MITCHELL A
STREET ADDRESS	617 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	
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CITY-ST-ZIP	

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05/01/06--00075-006 150.00

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: _____   4/10/06   407 872-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #