

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000048472

1. Entity Name

HANNA PROPERTIES CORP.

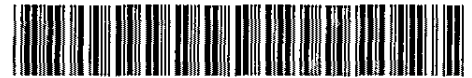


Principal Place of Business

2515 E. HANNA AVENUE
TAMPA FL 33610
US

Mailing Address

P.O. BOX 9658
TAMPA FL 33674-658
US



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3253940

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, LEON A JR
2515 E HANNA AVE
TAMPA FL 33610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
NAME JURADO, JAIME
STREET ADDRESS C/O 2515 E. HANNA AVE.
CITY-STATE-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME **000000225668**
STREET ADDRESS **02/11/05-80045-021 158.75**
CITY-STATE-ZIP

TITLE PD ☐ Delete
NAME PASETTI, LAWRENCE
STREET ADDRESS C/O 2515 E. HANNA AVE.
CITY-STATE-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SD ☐ Delete
NAME DAVIDSON, JAMES R
STREET ADDRESS C/O 2515 E. HANNA AVE.
CITY-STATE-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME LOCICERO, ANTHONY
STREET ADDRESS C/O 2515 E. HANNA AVE.
CITY-STATE-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ATD ☐ Delete
NAME SIERRA, FRANK J
STREET ADDRESS C/O 2515 E. HANNA AVE.
CITY-STATE-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T ☐ Delete
NAME WALKER, FRANKLIN
STREET ADDRESS C/O 2515 E HANNA AVE
CITY-STATE-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

James R. Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James R. Davidson, Secretary

2/9/05

(813) 238-5010

Date

Daytime Phone #