


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90042 049 \*\*\*150.00

<b>DOCUMENT # P94000090254</b>	
1. Entity Name <b>TONEE HAHNE, INC.</b>	

Principal Place of Business <b>145 LAKEVIEW WAY HUDSON, FL 34667</b>	Mailing Address <b>145 LAKEVIEW WAY HUDSON, FL 34667</b>
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**94058666**



2. Principal Place of Business <b>1400 Tarpon Woods Blvd Suite, Apt. #, etc. G-3 City &amp; State Palm Harbor, Florida Zip 34685 Country Pinellas</b>	3. Mailing Address <b>1400 Tarpon Woods Blvd. Suite, Apt. #, etc. G-3 City &amp; State Palm Harbor, Florida Zip 34685 Country Pinellas</b>
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04182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3287044</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HAHNE, RITA A 145 LAKEVIEW WAY OLDSMAR, FL-34677</b>	7. Name and Address of New Registered Agent Name: <b>RITA A HAHNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1400 Tarpon Woods Blvd G-3 City Palm Harbor FL Zip Code 34685</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST HAHNE, TONEE 145 LAKEVIEW WAY OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1400 Tarpon Woods Blvd G-3 Palm Harbor, FL 34685-2023</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Tonee Hahne</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>04/20/2004 (727) 781-3016</b> <small>Date Daytime Phone #</small>