## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000092205

Entity Name: ALHANS, INC.

**FILED** Feb 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

POST OFFICE BOX 512138 200 HARBOR WALK DR PUNTA GORDA, FL 339512138

**UNIT #122** 

PUNTA GORDA, FL 339512138

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 512138 200 HARBOR WALK DR.

UNIT # 122 PUNTA GORDA, FL 339512138

PUNTA GORDA, FL 339512138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 65-0568632 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MENZER, HANS G MENZER, HANS G 8260 PASACL DR 200 HARBOR WALK DR.

PUNTA GORDA, FL 33950 US UNIT # 122

PUNTA GORDA, FL 33950 US

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: 02/26/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title: (X) Change ( ) Addition

Title: Name: MENZER, HANS Name: MENZER, HANS G

200 HARBOURWALK DR, UNIT 122 200 HARBOR WALK DR. UNIT # 122 Address: Address:

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950

Title: VΡ ( ) Delete Title: VΡ (X) Change ( ) Addition

Name: MENZER, ERIK Name: MENZER, ERIK A

8260 PASCAL DR Address: 200 HARBOR WALK DR. UNIT # 122 Address:

PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HANS G MENZER PD 02/26/2007