


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000018294</b> 1. Entity Name SUSAN L. HANSEN NOLAN, C.P.A., P.A.	
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Principal Place of Business 2507 W. GARDNER COURT TAMPA, FL 33611	Mailing Address 2507 W. GARDNER COURT TAMPA, FL 33611
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<b>DO NOT WRITE IN THIS SPACE</b>
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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3300399	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  HAYWARD, SUSAN 2507 W. GARDNER COURT TAMPA, FL 33611
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<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP HAYWARD, SUSAN 2507 W. GARDNER COURT TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HANSEN, LOIS 1269 CLEBURNE DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HAYWARD, WILLIAM 2507 W. GARDNER COURT TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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01/30/04-80003-017 150.00

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1/26/04 Daytime Phone #: (813) 309-9001  
Susan Hayward