


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000005025

1. Entity Name  
 E. T. HAND & ASSOCIATES, INC.



Principal Place of Business      Mailing Address

16228 DURHAM AVE      16228 DURHAM AVE  
 FORT MYERS, FL 33908      FORT MYERS, FL 33908

**DO NOT WRITE IN THIS SPACE**



03222003      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0639155      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAND, ELIZABETH T  
 16228 DURHAM AVE  
 FORT MYERS, FL 33908

**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: *Elizabeth T Hand*      DATE: 5/27/04

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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAND, ELIZABETH T
STREET ADDRESS	16228 DURHAM AVE
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Elizabeth T Hand*      Date: 5/27/04      Daytime Phone #: 239-466-7109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #