

2004 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

PS 172

DOCUMENT # P97000016686

1. Entity Name
HAND TECHNICAL SALES, INC.



04 OCT 26 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3437603
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

HAND, JOHN D
119 INLET HARBOR ROAD
PONCE INLET, FL 32127

**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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAND, JOHN D
119 INLET HARBOR ROAD
PONCE INLET, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200042181192
10/26/04--01013--017 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

John D. Hand John D. HAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/04: JFW: H

PB 2 92

October 19, 2004

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

Reference: Notice of Dissolution or Revocation

Dear Sir:

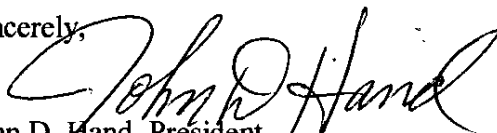
I just received your notice of Dissolution as a result of not receiving the 2004 Annual Report Filing.

This report was prepared and mailed on January 8, 2004 by my accounting firm Bennett Woodward.

Apparently, the form has been lost some how in the mail. Enclosed is a copy of the filing form and a check for \$150.00 for the filing fee.

I am requesting that you abate the addition penalty, as the loss of this form in the mail was completely out of my control.

Sincerely,


John D. Hand, President
Hand Technical Sales, Inc
FEI 59-3437603