


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P97000073796			
1. Entity Name HANSEN ELECTRICAL SUPPLY INC.			
Principal Place of Business 4085 ARNOLD AVE UNIT 401 NAPLES, FL 34104	Mailing Address 4085 ARNOLD AVE UNIT 401 NAPLES, FL 34104		
DO NOT WRITE IN THIS SPACE			
		04252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3461901	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSEN, RODNEY 576 RIDGE DRIVE NAPLES, FL 34103		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HANSEN, RODNEY B 576 RIDGE DRIVE NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE U000000545305 05/11/06-80071-012 150.00	
TITLE 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 exemptions contained 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 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 files empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			