

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91209 042 ***150.00

DOCUMENT # P98000009695

1. Entity Name
C.R. HANLON ANTIQUES, INC.



Principal Place of Business
5201 CRESCENT DR.
TAMPA, FL 33611

Mailing Address
5201 CRESCENT DR.
TAMPA, FL 33611

24066159



2. Principal Place of Business
3208 Bay to Bay Blvd.

3. Mailing Address
3208 Bay to Bay Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3489669

Applied For
Not Applicable

Zip
33629

Country

Zip
33629

Country

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANLON, DAVID G
5201 CRESCENT DR.
TAMPA, FL 33611

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Charles R. Hanlon

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 D ☐ Delete
NAME HANLON, CHARLES R
STREET ADDRESS 5201 CRESCENT DR.
CITY-ST-ZIP TAMPA, FL 33611

TITLE D ☐ Delete
NAME HANLON, DAVID G
STREET ADDRESS 5201 CRESCENT DR.
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles R. Hanlon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #