

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P98000045088**

1. Entity Name  
**HANANIA IMPORTS, INC.**



**FILED**

**06 JUN 23 PM 12: 57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business: **7200 BLANDING BOULEVARD  
JACKSONVILLE, FL 32244**  
Mailing Address: **7200 BLANDING BOULEVARD  
JACKSONVILLE, FL 32244**

2. Principal Place of Business: \_\_\_\_\_ 3. Mailing Address: \_\_\_\_\_

Suite, Apt. #, etc.: \_\_\_\_\_ Suite, Apt. #, etc.: \_\_\_\_\_

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_



06162006 Chg-P CR2E034 (11/05)

4. FEI Number: **59-3519532** Applied For:  Not Applicable:

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

**6. Name and Address of Current Registered Agent**  
**HANANIA, JACK Y**  
**7200 BLANDING BLVD**  
**JACKSONVILLE, FL 32244**

**7. Name and Address of New Registered Agent**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Amended AR Is \$61.25**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: ~~POM~~  Delete  
NAME: **HANANIA, JACK Y**  
STREET ADDRESS: **7200 BLANDING BLVD**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32244**

TITLE: **DPS**  Change  Addition

TITLE: ~~S~~  Delete  
NAME: **HANANIA, DEBORAH**  
STREET ADDRESS: **7200 BLANDING BLVD**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32244**

TITLE: **DVP**  Change  Addition

TITLE: **T**  Delete  
NAME: **NORRIS, IDA B**  
STREET ADDRESS: **7200 BLANDING BLVD**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32244**

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
**800076673163**  
**06/28/06--01013--006 \*\*\$61.25**

TITLE: \_\_\_\_\_  Delete

TITLE: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  Delete

TITLE: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  Delete

TITLE: \_\_\_\_\_  Change  Addition

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 like empowered.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-06

777-5600

Date

Daytime Phone #