


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90182 031 ***150.00

DOCUMENT # P99000034123			
1. Entity Name HANSEN BUSINESS SERVICES, INC.			
Principal Place of Business 2264 S.W. OAK RIDGE ROAD PALM CITY, FL 34990		Mailing Address 2264 S.W. OAK RIDGE ROAD PALM CITY, FL 34990	
2. Principal Place of Business - No P.O. Box # 14621 MIRABELLE VISTA CIR. Suite, Apt. #, etc.		3. Mailing Address 14621 MIRABELLE VISTA CIR. Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33622	Country	Zip 33622	Country
6. Name and Address of Current Registered Agent HANSEN, VANESSA W 2264 S.W. OAK RIDGE ROAD PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14621 MIRABELLE VISTA CIRCLE City TAMPA FL Zip Code 33622	
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 <i>Vanessa W. Hansen</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>Vanessa W. Hansen</i> (NOTE: Registered Agent signature required when reinstating)	
DATE <i>4/23/07</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANSEN, VANESSA W 2264 S.W. OAK RIDGE ROAD PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14621 MIRABELLE VISTA CIR. TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANSEN, CARL R 2264 SW OAK RIDGE RD PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14621 MIRABELLE VISTA CIR. TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Vanessa W. Hansen</i>		SIGNATURE: <i>Vanessa W. Hansen</i>	
DATE: <i>4/23/07</i>		DATE: <i>4/23/07</i>	
DAYTIME PHONE #		DAYTIME PHONE # <i>813-992-5599</i>	