2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000068265

1. Entity Name HANSON SERVICES #5, INC.



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

PO BOX 5128

PO BOX 771222

SUN CITY CENTER, FL 33571

LAKEWOOD, OH 44107



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-2178839

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENFELD, ALEXANDER M 18260 N.E. 19TH AVENUE SUITE 202

NORTH MIAMI BEACH, FL 33162

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	Agent signatur	e required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	•
10.	OFFICERS AND DIREC	CTORS		·····	······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, MARYANNE 2105 REVELEY AVENUE LAKEWOOD, OH 44107				- 122 - 127 4 - 446 55 55 54 55 54 174 175 186
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TITLE NAME					

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 this true amount of the corporation or the receiver or this true amount of the corporation or the receiver or the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or the receiver or the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or the receiver or the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or the receiver or the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or this report is corporated by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with any articles, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

216-226-54 Daybine Phone #