2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2007 08:00 All Secretary of State DOCUMENT # \$14666 1. Entity Name THE HANTEN AGENCY, INC. Principal Place of Business Mailing Address PO BOX 4222 PO BOX 4222 ORMOND BEACH FL 32175 ORMOND BEACH FL 32175 2. Principal Place of Business - No P Q. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3036057 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HANTEN, RICHARD S. 3775 JOHN ANDERSON DR Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32176 City Zıp Codo 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agant signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THIE ☐ Delete THIT Change ☐ Addition HANTEN, RICHARD S. NAME NAMI 3775 JOHN ANDERSON DR U00000624666 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 02/14/07-80044-010 150.00 CITY-ST-ZIP CITY-ST-ZIP □ Detete MUE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-7IP TITLE TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+SI-7(P TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1111 ☐ Change Addition NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

Richard S. Hankin President 2/5/07

FILED