## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2005 08:00 AM DOCUMENT # S40891 1. Entity Name **Secretary of State** DONNA HANAUER REALTY AND DEVELOPMENT CORP. Principal Place of Business Mailing Address 5477 SE MAJOR WAY STUART FL 34997 5477 SE MAJOR WAY STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0254520 Not Applicable Zip 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 Name HANAUER, DONNA Street Address (P.O. Box Number is Not Acceptable) 5477 SE MAJOR WAY STUART FL 34997 Zip Code FI 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 liftle if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. DILLE PST TITLE ☐ Change Addition ☐ Delete NAME HANAUER, DONNA U00000296556 STREET ADDRESS STREET ADDRESS 5477 SE MAJOR WAY 04/04/05-80031-014 150.00 STUART FL 34997 CITY, ST. AP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete HANAUER, DONNA NAME NAME STREET ADDRESS 5477 SE MAJOR WAY STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST ZIP TITLE VD ☐ Delete THE ☐ Change ☐ Addition NAME HANAUER, RONALD J. NAME STREET ADDRESS 5477 SE MAJOR WAY STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP STUART FL 34997 ☐ Change TITLE HILE Addition ☐ Delete NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY - ST - ZIP □□Cl€ange TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUTY: ST: 7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 amorphicer 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 Biock 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE: Work

**FILED**