


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr.30, 2004 08:00 AM
Secretary of State

DOCUMENT # S73248 1. Entity Name HANSON REAL ESTATE ADVISORS, INC.	
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Principal Place of Business 2233 SECOND STREET FORT MYERS, FL 33901	Mailing Address 2233 SECOND STREET FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0310337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANSON, WOODWARD S. 2233 SECOND STREET FORT MYERS, FL 33901
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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 Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000144595 04/30/04-80138-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HANSON, WOODWARD S. 2233 SECOND STREET FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSON, WOODWARD S. 2233 SECOND STREET FORT MYERS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 true and accurate information.

SIGNATURE: W. Woodward S. 4/29/04 (239) 334-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #