

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000097146

1. Entity Name
HESSEN HOLDINGS, INC.



Principal Place of Business
**7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819 US**

Mailing Address
**7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819 US**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3544585

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LANE, PAUL CAMP
7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LANE, PAUL CAMP**
STREET ADDRESS **7087 GRAND NATIONAL DRIVE, SUITE 100**
CITY- ST- ZIP **ORLANDO, FL 32819**

TITLE **PST**
NAME **LANE, PAUL C**
STREET ADDRESS **7087 GRAND NATIONAL DRIVE, SUITE 100**
CITY- ST- ZIP **ORLANDO, FL 32819**

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100000456758
03/16/06 100143-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Paul Camp Lane* **Paul Camp Lane President**

03/01/06

407-316-0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #