

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 005 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 525639			
1. Entry Name HERNANDO CITY HEIGHTS, INC.			
Principal Place of Business 1859 N.CLOVERDALE TERR. HERNANDO, FL 34442		Mailing Address P.O. BOX 1118 HERNANDO, FL 34442	
2. Principal Place of Business 9005 Long Lake AVE		3. Mailing Address 9005 Long Lake AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weeki Wachee FL		City & State Weeki Wachee FL	
Zip 34613		Country United States	
4. FEI Number 59-1812017		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANSBURY, CHARLES W 1859 N.CLOVERDALE TERRACE HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Charles W. Stansbury</i>		DATE 5/3/05	
By _____, holder or printed name of registered agent and fee \$ 300.00.		(NOTE: Registered Agent not state required when resigning)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STANSBURY, CHARLES W 1859 N.CLOVERDALE TERRACE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WELTER, CHERYL A 1859 N.CLOVERDALE TERRACE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS STANSBURY, NICOLE L 1859 N.CLOVERDALE TERRACE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 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 information.			
SIGNATURE: <i>Charles W. Stansbury</i>		DATE 5/3/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	