

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90029 040 ***550.00

DOCUMENT # 573280

1. Entity Name
GEORGE F. HESS, II, P.A.



Principal Place of Business

333 N. NEW RIVER DR. E.
STE 1000
FORT LAUDERDALE, FL 33301 US

Mailing Address

333 N. NEW RIVER DR. E.
STE 1000
FORT LAUDERDALE, FL 33301 US

DO NOT WRITE IN THIS SPACE



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1827440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HESS, GEORGE F. II
333 N NEW RIVER DR E, STE 1000
FORT LAUDERDALE, FL 33301

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS
NAME HESS, GEORGE F., II
STREET ADDRESS 333 N NEW RIVER DR E, STE 1000
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE T
NAME HESS, GEORGE F., II
STREET ADDRESS 333 N NEW RIVER DR E, STE 1000
CITY-ST-ZIP FT LAUDERDALE, FL 00000, 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/06

954-9764-2068