

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 635579 1. Entity Name HEDERA, INC.	
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Principal Place of Business 541 MARY ESTHER CUT-OFF FORT WALTON BEACH, FL 32548 US	Mailing Address 541 MARY ESTHER CUT-OFF FORT WALTON BEACH, FL 32548 US
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01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1997225	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, ROBERT E. 541 MARY ESTHER CUT-OFF FT. WALTON BEACH, FL 32548

**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 title 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

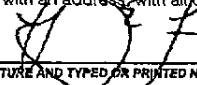
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, ROBERT E. 541 MARY ESTHER CUT-OFF FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, LAURA E 124 CUMBERLAND RD GRIFFIN, GA 30224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, HELEN E 587 FAIRWAY CT FT WALTON BCH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JAMEE L 4410 CHICKERING LANE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/06-30014-007 150.00

**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:


ROBERT E. LEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/12/06 **850-244-7411**