
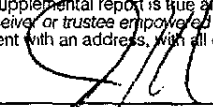


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J13406 1. Entity Name JOHN CHARLES HEekin, P.A.		
Principal Place of Business % JOHN CHARLES HEekin 21202 OLEAN BLVD. #C-2 PORT CHARLOTTE, FL 33952	Mailing Address % JOHN CHARLES HEekin PO BOX 494307 PORT CHARLOTTE, FL 33949	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent HEEKIN, JOHN CHARLES 21202 OLEAN BLVD. SUITE C-2 PT. CHARLOTTE, FL 33952		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	HEEKIN, JOHN CHARLES	
STREET ADDRESS	21202 OLEAN BLVD. #C-2	
CITY-ST-ZIP	PT. CHARLOTTE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  John C. Heekin President 1/10/06 941 627 0333		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2667057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000383312
01/12/06-80048-017 150.00

**DO NOT WRITE
IN THIS SPACE**