


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K30431**  
 1. Entity Name  
 H. SCOTT HECKER, P.A.



Principal Place of Business      Mailing Address  
 400 SE 9TH ST                      400 SE 9TH ST  
 FORT LAUDERDALE, FL 33316 US      FORT LAUDERDALE, FL 33316 US

**DO NOT WRITE IN THIS SPACE**



03042005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 65-0066088                      Not Applicable

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

6. Name and Address of Current Registered Agent

HECKER, H. SCOTT  
 400 SE 9TH ST  
 FORT LAUDERDALE, FL 33316

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HECKER, H. SCOTT
STREET ADDRESS	400 SE 9TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000257612  
 03/10/05-80008-012 150.00

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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 empowered.

**SIGNATURE:**       3/7/05 954523311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #