

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 020 ***150.00

DOCUMENT # K73077

1. Entity Name

CHARLES E. HEIM, JR., P.A.



Principal Place of Business

2040 HIGHWAY A-1-A SUITE #201
INDIAN HARBOUR BEACH, FL 32937

Mailing Address

2040 HIGHWAY A-1-A SUITE #201
INDIAN HARBOUR BEACH, FL 32937

14008781



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2894704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAITE, JILL
2040 HIGHWAY A-1-A SUITE #201
INDIAN HARBOUR BEACH, FL 32937

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HEIM, JR., CHARLES E.
STREET ADDRESS	2040 HIGHWAY A-1-A #201
CITY-ST-ZIP	INDIAN HARBOUR BCH F.
TITLE	D
NAME	HEIM, JR., CHARLES E.
STREET ADDRESS	2040 HIGHWAY A-1-A #201
CITY-ST-ZIP	INDIAN HARBOUR BCH.F.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 Apr 05 (321) 773-4680