## \* 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # L70857

1. Entity Name

HEDGECOCK PROPERTY RENTALS, INC.



Mailing Address

Principal Place of Business 7684 KIPLING STREET P.O. BOX 10756

PENSACOLA, FL 32524-0756 US

7684 KIPLING STREET P.O. BOX 10756

PENSACOLA, FL 32524-0756 US

### FILED Jan 19, 2006 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For | Not Applicable

5. Certificate of Status Desired

S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OCK, EMILY A.

HEDGECOCK, EMILY A.
7684 KIPLING ST.
PENSACOLA EL 30514

# DO NOT WRITE IN THIS SPACE

PENSACOLA, PL 32514			IN THIS SPACE		
8. The above r	named entity submits this statement for the prons of registered agent	urpose of changing its registered office of	or registered agent, or both	i, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title II	applicable. (NOTE, Registered Agent signs	sture required when reinstaling)	DATE	
	NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS	DST HEDGECOCK, EMILY A. 7684 KIPLING ST PENSACOLA, FL		_	U00000391203 01/24/06-80031-015 150.00	
NAME STREET ADDRESS	DP HEDGECOCK, RONALD W. 7684 KIPLING ST PENSACOLA, FL				
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby ce	ertify that the information supplied with this fill	no does not qualify for the exemptions	contained in Chanter 119	Florida Statutes, Liurther certify that the information	

12. Thereby 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 receiper of the proposered 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:

ROPPETPE AW TYPEN ERPRIMED VALVE OF SIMPLING OFFICER OR DIRECTOR

January 10, 2006

850-476-7599

.

Daytime Phone #