

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000005612

1. Entity Name

THE HESSBURG FAMILY FOUNDATION, INC.



Principal Place of Business

548 S HWY 27 STE C  
MINNEOLA, FL 34715

Mailing Address

548 S HWY 27 STE C  
MINNEOLA, FL 34715



03212006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

06-1699793

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HESSBURG, DANIEL J  
548 S HWY 27 STE C  
MINNEOLA, FL 34715

**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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME HESSBURG, DANIEL J  
STREET ADDRESS 548 S HWY 27 STE C  
CITY-ST-ZIP MINNEOLA, FL 34715

TITLE DV  
NAME HESSBURG, PHILIP C  
STREET ADDRESS 15415 E JEFFERSON  
CITY-ST-ZIP GROSSE PT PK, MI 48230

TITLE DST  
NAME HESSBURG, JOHN P  
STREET ADDRESS 713 TROMBLEY  
CITY-ST-ZIP GROSSE PT PK, MI 48230

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000550996  
05/13/06-80085-001 61.25

**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 617, 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 #

4/26/06 352-394458