


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005612 1. Entity Name THE HESSBURG FAMILY FOUNDATION, INC.	
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Principal Place of Business 548 S HWY 27 STE C MINNEOLA, FL 34715	Mailing Address 548 S HWY 27 STE C MINNEOLA, FL 34715
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1699793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HESSBURG, DANIEL J 548 S HWY 27 STE C MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HESSBURG, PHILIP C 15415 E JEFFERSON GROSSE PT PK, MI 48230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HESSBURG, JOHN P 713 TROMBLEY 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	

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04/26/07-80043-002 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: *Daniel Hessburg, Director* **4/13/07** **352-394-1896**

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