

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005714

FILED
Jan 23, 2007
Secretary of State

Entity Name: FLORIDA HEAT WAVE, INC.

Current Principal Place of Business:

8380 LAUREL LAKES BLVD
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

8380 LAUREL LAKES BLVD
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-3148282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISELT, BETH
8380 LAUREL LAKES BLVD
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REISELT, BART
Address: 8380 LAUREL LAKES BLVD
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: REISELT, BETH
Address: 8380 LAUREL LAKES BLVD
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: HEMBERGER, DENNIS
Address: 2086 MORNING SUN LN
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH REISELT

RA

01/23/2007

Electronic Signature of Signing Officer or Director

Date