

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011591

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: HERO HUGS INC.

## Current Principal Place of Business:

212 MCKINLEY STREET  
NICEVILLE, FL 32578

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 27  
NICEVILLE, FL 32588

## New Mailing Address:

FEI Number: 20-4050718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALVERT-REESE, DIANA L  
212 MCKINLEY STREET  
NICEVILLE, FL 32578 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: P ( ) Delete  
Name: CALVERT-REESE, DIANA L  
Address: 212 MCKINLEY STREET  
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP ( ) Delete  
Name: BLANKENSHIP, JERRY  
Address: 119 MISTY VIEW LANE  
City-St-Zip: ST. PETERS, MO 63376 US

Title: SEC ( ) Delete  
Name: RISEDEN, STEFANIE  
Address: 194 CONQUEST AVE.  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D-CH ( ) Delete  
Name: CHAMBERS, MARCUS D  
Address: 167 RED MAPLE WAY  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D ( ) Delete  
Name: WHITTLE, JACQUELINE D  
Address: 4870 ORLIMAR STREET  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D ( ) Delete  
Name: MINICH, LAURA V  
Address: 106 WAYNEL CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

## 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:

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 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: DIANA CALVERT-REESE

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date