


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90058 032 \*\*\*150.00

<b>DOCUMENT # P0000041305</b> 1. Entity Name <b>HEINOLORE CORPORATION</b>	
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Principal Place of Business <b>4411 SE 20 PLACE CAPE CORAL, FL 33904</b>	Mailing Address <b>1318 LAFAYETTE STREET CAPE CORAL, FL 33908</b>
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**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1071554</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HILL, THOMAS W  
1318 LAFAYETTE STREET  
CAPE CORAL, FL 33908**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAMM, HEINZ G 1318 LAFAYETTE STREET CAPE CORAL, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAMM-AUER, HANNELORE 1318 LAFAYETTE STREET CAPE CORAL, FL 33908
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i), 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 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:**  **4-12-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #