

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000048029

1. Entity Name
DIVITA & HELTSLEY FLORIDA REAL ESTATE, INC.



Principal Place of Business
9069 SE BRIDGE RD
STE B
HOBE SOUND, FL 33455

Mailing Address
10630 SE JUPITER NARROWS DR
HOBE SOUND, FL 33455

2. Principal Place of Business - No P.O. Box #

10630 SE JUPITER NARROWS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007

Chg-P

CR2E034 (12/06)

City & State

Hobe Sound, FL

City & State

4. FEI Number

65-1014809

Applied For

Not Applicable

Zip
33455

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIVITA AND HELTSLEY FLORIDA REAL ESTATE IN
10630 SE JUPITER NARROWS DR
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name **CHARLES M HELTSLEY JR**

Street Address (P.O. Box Number is Not Acceptable)
10630 SE JUPITER NARROWS DR

City **Hobe Sound**

FL

Zip Code
33455

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

Charles M Heltsley Jr

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HELTSLEY, CHARLES M
STREET ADDRESS 10630 SE JUPITER NARROWS DRIVE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D ☒ Delete
NAME DIVITA, SANDRA M
STREET ADDRESS 12416 SE PLANDOME DRIVE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Charles M Heltsley Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2007

561 722-2734

Date

Daytime Phone #

2007 APR 19 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

