

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 026 ***150.00

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1. Entity Name

HEDGEBROOK CORPORATION



Principal Place of Business

3243 OLDE HAMPTON ROAD
WELLINGTON FL 33414

Mailing Address

% BARBARA M. GINADER
191 COMMONWEALTH AVE.
BOSTON MA 02116

2. Principal Place of Business

Hedgebrook Corporation
Suite, Apt. #, etc.
14324 Stroller Way

3. Mailing Address

Hedgebrook Corporation c/o Barbara M. Ginader
Suite, Apt. #, etc.
P.O. Box 81270



1st MOORE

CR2E034 (10/04)

City & State

Wellington, FL

City & State

Wellington Hills, MA

4. FEI Number

06-1582432

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

02481

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GINADER, BARBARA M.
HEDGEBROOK CORPORATION
3243 OLDE HAMPTON ROAD
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14324 Stroller Way

City

Wellington

FL

Zip Code

33414

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

Barbara M. Ginader

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS GINADER, BARBARA M
CITY-ST-ZIP 191 COMMONWEALTH AVE
BOSTON, MA 02116

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *14324 Stroller Way*
CITY-ST-ZIP *Wellington, FL 33414*

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

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

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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 exemption stated in Section 119.07(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:

Barbara M. Ginader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date

617 901-0758

Daytime Phone #