2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90065 008 ***150.00

DOCUMENT # P01000050399

1. Entity Name
JAMES F. HETMANEK, P.A.

Principal Place of Business	Mailing Address
448 GLORY CIRCLE SANIBEL, FL 33957 US	448 GLORY CIRCLE SANIBEL, FL 33957 US

02152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12701 Mastique Beach Blvd	same
Suite, Apt. #, etc. #601	Suite, Apt. #, etc. same
City & State Fort Myers, Fl	City & State same
Zip 33908 Country USA	Zip same Country same

4. FEI Number
65-1105162
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HETMANEK, JAMES F 448 GLORY CIRCLE SANIBEL, FL 33957	Name Street Address (P.O. Box Number is Not Acceptable) 12701 Mastique Beach Blvd 601 City Fort Myers FL Zip Code 33908

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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HETMANEK, JAMES F 448 GLORY CIRCLE SANIBEL, FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12701 Mastique Beach Blvd 601 Fort Myers, FL 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HETMANEK, PENNY L 448 GLORY CIRCLE SANIBEL, FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12701 Mastique Beach Blvd 601 Fort Myers, FL 33908
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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 the other like empowered.

SIGNATURE: V JAMES HETMANEK 2/20/08 239-472-5187-219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #