


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90392 040 ***150.00

DOCUMENT # P01000075648 1. Entity Name COREY HETRICK, INC.																																							
Principal Place of Business 5438 DRINKARD DR NEW PORT RICHEY, FL 34653		Mailing Address 5438 DRINKARD DR NEW PORT RICHEY, FL 34653																																					
2. Principal Place of Business 6337 CONNIEWOOD SQ Suite, Apt #, etc		3. Mailing Address 6337 CONNIEWOOD SQ Suite, Apt. # etc																																					
City & State New Port Richey FL Zip 34653		City & State New Port Richey FL Zip 34653																																					
4. FEI Number 59-3749113		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent HETRICK, COREY 5438 DRINKARD DR NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name HETRICK, COREY Street Address (P.O. Box Number is Not Acceptable) 6337 CONNIEWOOD SQ City New Port Richey FL Zip Code 34653																																					
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: <u>Corey Hetrick</u> <u>COREY HETRICK</u> <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D HETRICK, COREY 5438 DRINKARD DR NEW PORT RICHEY, FL 34653</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	D HETRICK, COREY 5438 DRINKARD DR NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P HETRICK, COREY 6337 CONNIEWOOD SQ New Port Richey FL 34653</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE	P HETRICK, COREY 6337 CONNIEWOOD SQ New Port Richey FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered																																							
SIGNATURE: <u>Corey Hetrick</u> <u>PRESIDENT</u> <u>4/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>																																							