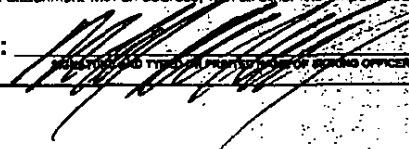


FILED
Apr 02, 2007 8:00 am
Secretary of State

03-15-2007 90031 005 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

3/1

DOCUMENT # P01000076812			
1. Entity Name HEF NANDO RECOVERY, INC.			
Principal Place of Business 1555 EAST JEFFERSON STREET BROOKSVILLE, FL 34601		Mailing Address P.O. BOX 187 BROOKSVILLE, FL 34605-0187 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RITCHOTTE, WILLIAM J P.O. BOX 187 BROOKSVILLE, FL 34605-0187		Name Street Address (P.O. Box Number is Not Acceptable) 21427 Campbell Dr Brooksville FL 34601	
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 subject to the obligations of registered agent.			
SIGNATURE: <u>William J Ritchotte</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE			
FILE NOW!!! FEE IS \$150.00 As of May 1, 2007 Fee will be \$560.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	MOHOLLAND, MICHAEL L		
STREET / ADDRESS	P.O. BOX 1207		
CITY- ST- ZIP	BROOKSVILLE, FL 346051207		
TITLE	T	☐ Delete	
NAME	RITCHOTTE, JOAN		
STREET / ADDRESS	21427 CAMPBELL DRIVE		
CITY- ST- ZIP	BROOKSVILLE, FL 34601		
TITLE	D	☐ Delete	
NAME	DELEO, SANDRA		
STREET / ADDRESS	21415 CAMPBELL DR		
CITY- ST- ZIP	BROOKSVILLE, FL 34601		
TITLE		☐ Delete	
NAME			
STREET / ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	
NAME			
STREET / ADDRESS			
CITY- ST- ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	☒ Change ☐ Addition	
NAME	Moholland, Michael L		
STREET ADDRESS	14053 Allston Ave		
CITY- ST- ZIP	Spring Hill, FL 34609		
TITLE	T	☒ Change ☐ Addition	
NAME	Ritchotte, Joan		
STREET ADDRESS	87 river road, #20, po box 102		
CITY- ST- ZIP	Pittsfield, NH 03263		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
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, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3-11-07 727-65-0003	
REGISTERED AND TRUSTED PRINTER NAME OF REGISTERED OFFICER OR DIRECTOR		Date	