

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 021 ***150.00

DOCUMENT # P01000106695

1. Entity Name
H.W. PROFESSIONAL SERVICES, INC.



Principal Place of Business
**9001 NW 54TH ST
SUNRISE, FL 33351**

Mailing Address
**9001 NW 54TH ST
SUNRISE, FL 33351**

2. Principal Place of Business
8233 Gator Lane
Suite, Apt. #, etc.

3. Mailing Address
8233 Gator Lane
Suite, Apt. #, etc.

Bay 15

Bay 15

City & State
West Palm Beach, Florida

City & State
West Palm Beach, Florida

Zip Country
33411 U.S.A.

Zip Country
33411 U.S.A.

03312005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0612400

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

**WEITZEL, HERON
9001 NW 54TH ST
SUNRISE, FL 33351**

Name
Heron Weitzel
Street Address (P.O. Box Number is Not Acceptable)
2323 Shoma Lane

City Zip Code
Royal Palm Beach FL 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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/07/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PTD ☐ Delete
NAME **WEITZEL, HERON**
STREET ADDRESS **9001 NW 54TH ST**
CITY - ST - ZIP **SUNRISE, FL 33351**

TITLE **P/T/D** ☒ Change ☐ Addition
NAME **Heron Weitzel**
STREET ADDRESS **2323 Shoma Lane**
CITY - ST - ZIP **Royal Palm Beach, Florida 33414**

TITLE VPSD ☐ Delete
NAME **WEITZEL, FILOMENA**
STREET ADDRESS **9001 NORTHWEST 54TH STREET**
CITY - ST - ZIP **SUNRISE, FL 33351**

TITLE **VP/S/D** ☒ Change ☐ Addition
NAME **Filomenia Weitzel**
STREET ADDRESS **2323 Shoma Lane**
CITY - ST - ZIP **Royal Palm Beach, Florida 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/05 (561) 633-9130

Date

Daytime Phone #