


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90217 041 \*\*\*150.00

DOCUMENT # P01000106695 1. Entity Name H.W. PROFESSIONAL SERVICES, INC.	
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Principal Place of Business 8233 GATOR LANE BAY 15 WEST PALM BEACH, FL 33411	Mailing Address 8233 GATOR LANE BAY 15 WEST PALM BEACH, FL 33411
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04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0612400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WEITZEL, HERON  
 2323 SHOMA LANE  
 WEST PALM BEACH, FL 33414

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEITZEL, HERON 2323 SHOMA LANE WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WEITZEL, FILOMENA 2323 SHOMA LANE WEST PALM BEACH, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* **PRESIDENT** Date: 5/1/06 Daytime Phone #: (561) 333-9130