

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90043 022 ***150.00

DOCUMENT # P02000073038

1. Entity Name
HEDONA, INC.



Principal Place of Business
**4000 SW 27 AVE
CAPE CORAL, FL 33914**

Mailing Address
**ELKE BALAZS
723 SW 51ST TERRACE
CAPE CORAL, FL 33914**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
C/O 5003 SW 8th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State

City & State
Cape Coral, FL

4. FEI Number
06-1639283

Applied For
Not Applicable

Zip

Country

Zip
33914

Country
USA

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

**MARCINKIEWICZ, LILLIAN A
2804 DEL PRADO BLVD, STE 200
CAPE CORAL, FL 33904**

Name
Lillian A Marcinkiewicz
Street Address (P.O. Box Number is Not Acceptable)
2528 Sawgrass Lake Ct.
City
Cape Coral FL Zip Code
33909

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
NAVRATIEL, HEINZ U
4000 SW 27 AVE
CAPE CORAL, FL 33914**

☒ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #