


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000082339</b>					
<b>1. Entity Name</b> HONSELL ENTERPRISES, INC.					
<b>Principal Place of Business</b> 2608 N OCEAN BLVD POMPANO BEACH FL 33062			<b>Mailing Address</b> 2608 N OCEAN BLVD POMPANO BEACH FL 33062		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 03-0476530	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HONSELL, INAS A 2608 N OCEAN BLVD POMPANO BEACH FL 33062				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P O Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reconstituting)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> HONSELL, INAS A	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3615 SW NATURA AVE	<b>CITY - ST - ZIP</b> DEERFIELD BEACH FL 33441		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> HONSELL, FREDERICK S	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3615 SW NATURA AVE	<b>CITY - ST - ZIP</b> DEERFIELD BEACH FL 33441		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	



1st MOORE CR2E034 (10/05)

Applied For  
Not Applicable

**\$8.75 Additional Fee Required**

**FL** Zip Code

**\$5.00 May Be Added to Fees**

U00000538714  
05/09/06-60070-015 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Inas A HONSELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-6 9547828811  
Date Daytime Phone #