

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000116492 1. Entity Name HERTENLEHNER CORP.					
Principal Place of Business 13302 WINDCREST BOULEVARD PORT CHARLOTTE FL 33953			Mailing Address 13302 WINDCREST BOULEVARD PORT CHARLOTTE FL 33953		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 82-0574722	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAYMANS, MICHAEL P 99 NESBIT STREET PUNTA GORDA FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, T HERTEHLEHNER, TIM 13302 WINDCREST BOULEVARD PORT CHARLOTTE FL 33953	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000409207 02/09/06- 80010-019 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERTENLEHNER, MELANIE S 13302 WINDCREST BOULEVARD PORT CHARLOTTE FL 33953	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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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: *Melanie S. Hertentlehner* **Melanie S. Hertentlehner 1-26-06 941-629-64**