

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90071 018 \*\*\*150.00

**DOCUMENT # P03000090270**

1. Entity Name  
**BUILT-RIGHT ENTERPRISES, INC**



Principal Place of Business  
**590 COUNTY ROAD 325  
BUNNELL, FL 32110**

Mailing Address  
**590 COUNTY ROAD 325  
BUNNELL, FL 32110**

40036400

2. Principal Place of Business  
**12301 158<sup>th</sup> Ter**  
Suite, Apt. #, etc.

3. Mailing Address  
**12301 158<sup>th</sup> Ter**  
Suite, Apt. #, etc.



03012006 Chg-P CR2E034 (11/05)

City & State  
**McAlpin FL**  
Zip  
**32062**

City & State  
**McAlpin, Florida**  
Zip  
**32062**

4. FEI Number  
**20-0174342**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEDDEN, KENNETH K  
590 COUNTY ROAD 325  
BUNNELL, FL 32110**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12301 158<sup>th</sup> Ter**  
City  
**McAlpin FL** Zip Code  
**32062**

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 *Kenneth K Hedden*  
Signature, typed or printed name of registered agent and title if applicable.

*Kenneth K Hedden* *4/3/2006*  
(NOTE: Registered Agent signature required when reinstating) DATE

**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  
**PD  
HEDDEN, KENNETH K  
590 COUNTY ROAD 325  
BUNNELL, FL 32110** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HEDDEN, KERRY J  
590 COUNTY ROAD 325  
BUNNELL, FL 32110** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**12301 158<sup>th</sup> Ter  
McAlpin, FL 32062** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**12301 158<sup>th</sup> Ter  
McAlpin, FL 32062** ☐ Change ☐ Addition

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

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

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

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

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: *Kenneth K Hedden* *4/3/2006* *(386) 364-5418*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #