## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2006 8:00 am Secretary of State

DOCUMENT # P03000130738  1. Entity Name HEINRICH THEURETZBACHER, INC							01-30-2006	90070 038 **	*150.00
Principal Place of Business 5619 SW 14TH AVENUE CAPE CORAL, FL 33914			Mailing Address 5619 SW 14TH AVENUE CAPE CORAL, FL 33914		· · · ·	14000000		St 11888 1111 23111 1266 <b>4</b> 1	(181 48)  881 15 1884
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01202006	Chg-P	CR2E034 (11/	(05)	
City & State			City & State			4. FEI Numbe 80-008			Applied For Not Applicable
Zip	Zip Country		Zip				of Status Desired	Fee Re	Additional quired
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name					
THEURETZBACHER, HEINRICH 5619 SW 14TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)				
CAPE CO	RAL, FL 3	33914							
								FL Zip	Code
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									
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution						5.00 May Be ddad to Fees			ı
10,		DIRECTORS	11		ADDITIONS	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5619 SW	TZBACHER, HEINRICH 14TH AVENUE DRAL, FL 33914	☐ Delote <b>H</b>					☐ Cha	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					□ Chi	ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Delete -	STI	LE ME REET ADDRESS 'Y-ST-ZIP			□ Cn	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete	STI	LE ME REET ADDRESS IY-ST-ZIP			□ Ch	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	STI	LE Me Reet address IY-S1-ZIP			☐ Ch	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	STI	ME REET ADDRESS IY-S1-ZIP			Ch	ange 🔲 Addition
indicated of the co	d on this repo	ne information supplied wit ort or supplemental report the receiver or trustee emp lachment with an address,	s true and accurate and lowered to execute this re	that my sign	ature shall have th	ne same legal effe	ct as if made under	oath: that I am an o	officer or director