

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130738

1. Entity Name  
HEINRICH THEURETZBACHER, INC



Principal Place of Business  
5619 SW 14TH AVENUE  
CAPE CORAL, FL 33914

Mailing Address  
5619 SW 14TH AVENUE  
CAPE CORAL, FL 33914

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

THEURETZBACHER, HEINRICH  
5619 SW 14TH AVENUE  
CAPE CORAL, FL 33914

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when registered agent is changed.)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** Added to Fee

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, THEURETZBACHER, HEINRICH 5619 SW 14TH AVENUE CAPE CORAL, FL 33914
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes, and that the information is true and accurate and that my signature shall have the same legal effect as that 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

**FILED**

**Jan 17, 2007 08:00 AM**

**Secretary of State**



01 No Chg-P CR2E034 (11/05)

3164	Applied For
	Not Applicable

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

**NOT WRITE  
IN THIS SPACE**

In the State of Florida, I am familiar with, and accept

DATE \_\_\_\_\_

000000589528  
@1/18/07-80019-020 150.00

**NOT WRITE  
IN THIS SPACE**

Florida Statutes. I further certify that the information furnished is true and accurate and that my signature shall have the same legal effect as that 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.

239-549-8090  
1/16/2007

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_