

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2007 08:00 AM  
Secretary of State

DOCUMENT # P03000131829

1. Entity Name  
E. HENGERER, INC.



Principal Place of Business  
15788 NW 16TH AVENUE  
CITRA, FL 32113

Mailing Address  
15788 NW 16TH AVENUE  
CITRA, FL 32113



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2416573

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HENGERER, EDWARD D II  
15788 NW 16TH AVENUE  
CITRA, FL 32113

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HENGERER, EDWARD D II  
STREET ADDRESS 15788 NW 16TH AVENUE  
CITY-ST-ZIP CITRA, FL 32113

TITLE VST  
NAME HENGERER, NANCY  
STREET ADDRESS 15788 NW 16 AVE  
CITY-ST-ZIP CITRA, FL 32113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000581433  
01/10/07-80087-022 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Nancy Hengerer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-07

Date

352 591 3310

Daytime Phone #

NANCY HENGERER