

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90165 001 ***300.00

DOCUMENT # P03000132804

1. Entity Name
HE AIN'T HERE, INC.



Principal Place of Business
759 S. FEDERAL HWY, SUITE 311
STUART, FL 34994

Mailing Address
759 S. FEDERAL HWY, SUITE 311
STUART, FL 34994

66015200



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0419510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOSSACK, MARY U
759 S. FEDERAL HWY.
SUITE 311
STUART, FL 34994

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOSSACK, EDGAR W 759 S. FEDERAL HWY, SUITE 311 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOSSACK, MARY U 759 S. FEDERAL HWY, SUITE 311 STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Mary U. Kossack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

772-463-2526

Daytime Phone #