

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90031 041 \*\*\*150.00

**DOCUMENT # P03000141255**

1. Entity Name

CARSTEN H. HOENICKE, INC.



Principal Place of Business

1420 MOCKINGBIRD LANE  
LAKELAND FL 33801  
US

Mailing Address

1420 MOCKINGBIRD LANE  
LAKELAND FL 33801  
US



2. Principal Place of Business

451 LONE PALM DRIVE

Suite, Apt. #, etc.

3. Mailing Address

451 LONE PALM DRIVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

20-0426447

Applied For

Not Applicable

Zip

33815

Country

USA

Zip

33815-3408

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOENICKE, CARSTEN H  
1420 MOCKINGBIRD LANE  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

451 LONE PALM DRIVE

City

LAKELAND

FL

Zip Code

33815-3408

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 Carsten H. Hoenicke CARSTEN H. HOENICKE

2/6/06

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D, P ☐ Delete  
NAME HOENICKE, CARSTEN H  
STREET ADDRESS 1420 MOCKINGBIRD LANE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 451 LONE PALM DRIVE  
CITY-ST-ZIP LAKELAND, FL 33815-3408

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carsten H. Hoenicke CARSTEN H. HOENICKE

2/6/06

(863) 683-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #