


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000098610
 1. Entity Name
 HEDMAN REALTY, INC.



Principal Place of Business
 4520 SKYLINE BLVD. #206
 CAPE CORAL, FL 33914

Mailing Address
 4520 SKYLINE BLVD. #206
 CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-1311544

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HEDMAN, MAURICE
 4520 SKYLINE BLVD. #206
 CAPE CORAL, FL 33914

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEDMAN, MAURICE
STREET ADDRESS	4520 SKYLINE BLVD. #206
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	SEC
NAME	HEDMAN, MAURICE
STREET ADDRESS	4520 SKYLINE BLVD. #206
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	TRES
NAME	HEDMAN, MAURICE
STREET ADDRESS	4520 SKYLINE BLVD. #206
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	CFO
NAME	HEDMAN, MAURICE
STREET ADDRESS	4520 SKYLINE BLVD. #206
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/29/06-80027-024 150.00

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:  DATE: 3/12/06 (239) 980-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #