

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 002 ***150.00

DOCUMENT # P04000099050

1. Entity Name

HEATHER B. WINGARD, INC.



Principal Place of Business

1737 DOGWOOD PLACE
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 811014
BOCA RATON FL 33481-1014



2. Principal Place of Business

4214 DAVINCI Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-1310608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNETT, DORIS R
4332 DAVINCI AVE
JACKSONVILLE FL 32210

Name

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

City

FL

Zip Code

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WINGARD, HEATHER B
STREET ADDRESS ~~1737 DOGWOOD PLACE~~
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME ~~WINGARD, HEATHER B~~
STREET ADDRESS ~~1737 DOGWOOD PLACE~~ 4214 DAVINCI Ave
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE SECT ☐ Delete
NAME WINGARD, HEATHER B
STREET ADDRESS ~~1737 DOGWOOD PLACE~~
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME ~~WINGARD, HEATHER B~~
STREET ADDRESS ~~1737 DOGWOOD PLACE~~ 4214 DAVINCI Ave
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE TRES ☐ Delete
NAME ~~WINGARD, HEATHER B~~
STREET ADDRESS ~~1737 DOGWOOD PLACE~~
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE TRES ☒ Change ☐ Addition
NAME ~~WINGARD, HEATHER B~~ JONATHAN DAVID WINGARD
STREET ADDRESS ~~1737 DOGWOOD PLACE~~ 4214 DAVINCI Ave
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP ☐ Delete
NAME JONATHAN DAVID WINGARD
STREET ADDRESS JACKSONVILLE
CITY-ST-ZIP JACKSONVILLE

TITLE VP ☐ Change ☒ Addition
NAME JONATHAN DAVID WINGARD
STREET ADDRESS 4214 DAVINCI Ave
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06

Date

954-647-4987

Daytime Phone #