

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000037128

1. Entity Name
DEHART ENTERPRISES, INC.



**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90433 035 ***150.00

40060740



03172006 Chg-P CR2E034 (11/05)

Principal Place of Business
2225B COUNTY ROAD 220
MIDDLEBURG, FL 32068

Mailing Address
2225B COUNTY ROAD 220
MIDDLEBURG, FL 32068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
20-2486130

Applied For
Not Applicable

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

DEHART, DANIEL F
363 BLAIRMORE BLVD WEST
ORANGE PARK, FL 32073

Name

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

1675 Cinnamon Fern Ct

City Green Cove Springs FL Zip Code 32043

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, 2006 Fee will be \$550.00**

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 DP Delete
NAME DEHART, DANIEL F
STREET ADDRESS 363 BLAIRMORE BLVD WEST
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE Change Addition
NAME 1675 Cinnamon Fern Ct
STREET ADDRESS Green Cove Springs FL 32043
CITY-ST-ZIP

TITLE DST Delete
NAME DEHART, CYNTHIA M
STREET ADDRESS 363 BLAIRMORE BLVD WEST
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE Change Addition
NAME 1675 Cinnamon Fern Ct
STREET ADDRESS Green Cove Springs FL 32043
CITY-ST-ZIP

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
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CITY-ST-ZIP

TITLE Delete
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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 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: *Cynthia M. Dehart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 904/538-1893

Date

Daytime Phone #