

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90104 047 \*\*\*150.00

**DOCUMENT # P05000098074**

1. Entity Name  
**SAN PEDRO PROPERTIES, INC.**



Principal Place of Business  
**3814 W SAN PEDRO ST.  
TAMPA, FL 33629**

Mailing Address  
**3814 W SAN PEDRO ST.  
TAMPA, FL 33629**

**60038014**



2. Principal Place of Business  
**3814 W. San Pedro St.**

3. Mailing Address  
**3814 W. San Pedro St.**

05032006 Chg-P CR2E034 (11/05)

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number Applied For  
☒ Not Applicable

Zip  
**33629**

Country  
**USA**

Zip  
**33629**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**HEATHER, HEGH  
3814 W. SAN PEDRO ST.  
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HEGH, HEATHER A 3814 W SAN PEDRO ST TAMPA, FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Heather A. Hegh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/2/06**

**727.643.5989**

Daytime Phone #

# ATTACHMENT

60038014  
#P0500009807A

Dear FL Dept of State -  
After speaking to Neysa  
in liabilities she told me that  
my original check was rejected  
and I needed to download  
the annual report document  
fill it out and send... I  
never received the rejection  
notice... Please let me know  
if there is anything else  
you all need... Thank you -  
Heather Hegh



FUJIFILM

727.643.5989 →