

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90040 004 \*\*\*150.00

DOCUMENT # P06000061354

1. Entity Name

HELLENBERG & WOLSKE, CPA'S PA



Principal Place of Business

1531 N HARBOR CITY BLVD.  
SUITE A  
MELBOURNE FL 32935

Mailing Address

1531 N HARBOR CITY BLVD.  
SUITE A  
MELBOURNE FL 32935



2. Principal Place of Business - No P.O. Box #

1532 N Harbor City Blvd

Suite, Apt. #, etc.

A

3. Mailing Address

PO Box 361682

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

20-4828252

Applied For

Not Applicable

Zip

32935

Country

BREVARD

Zip

32936

Country

BREVARD

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELLENBERG, RICHARD  
3612 BRENTWOOD LANE  
MELBOURNE FL 32934

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
NAME HELLENBERG, RICHARD  
STREET ADDRESS 3612 BRENTWOOD LANE  
CITY ST ZIP MELBOURNE FL 32935 ☐ Delete

TITLE D  
NAME WOLSKE, WILLIAM  
STREET ADDRESS 230 MAPLE DR.  
CITY ST ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 (321)242-1032

Date

Daytime Phone #