

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90209 035 ***150.00

DOCUMENT # P06000116177

1. Entity Name
HEAD ENTERPRISES, INC.



Principal Place of Business

831 SE 11TH PLACE
WILLISTON, FL 32696

Mailing Address

831 SE 11TH PLACE
WILLISTON, FL 32696

40089740



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5517790

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEAD, THOMAS J
831 SE 11TH PLACE
WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

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

Thomas J. Head

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HEAD, THOMAS J
STREET ADDRESS	831 SE 11TH PLACE
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	T
NAME	HEAD, DAPHNE
STREET ADDRESS	831 SE 11TH PLACE
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas J. Head

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

(352) 318-1444

Daytime Phone #