

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90020 033 ***550.00

DOCUMENT # P06000127724

1. Entity Name

H.E.H. OF FLAGLER COUNTY, INC.



Principal Place of Business
130 OLD MOODY BLVD.
PALM COAST FL 32164
US

Mailing Address
130 OLD MOODY BLVD.
PALM COAST FL 32164
US



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

3. Mailing Address

2nd MOORE

CR2E034 (4/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3744463

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

LANIGAN, RICHARD
76 RIVERS EDGE LANE
PALM COAST FL 32137

Name

SARA JANE DEAL
Street Address (P.O. Box Number is Not Acceptable)
10 CRAFT CT.

City

PALM COAST

FL

Zip Code

32137

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

Sara Jane Deal

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

(NOTE: Registered Agent signature required when reinstating)

7/3/08

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,VP	<input checked="" type="checkbox"/> Delete
NAME	LANIGAN, RICHARD	
STREET ADDRESS	130 OLD MOODY BLVD.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S,T	<input checked="" type="checkbox"/> Delete
NAME	LANIGAN, RICHARD	
STREET ADDRESS	130 OLD MOODY BLVD.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANIGAN, RICHARD	
STREET ADDRESS	130 OLD MOODY BLVD.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, SARA JANE	
STREET ADDRESS	10 CRAFT CT.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, SARA JANE	
STREET ADDRESS	10 CRAFT CT. PALM COAST	
CITY-ST-ZIP	FLA. 32137	
TITLE	DEAL, SARA JANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, SARA JANE	
STREET ADDRESS	10 CRAFT CT.	
CITY-ST-ZIP	PALM COAST, FLA - 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sara Jane Deal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/08 386-446-6687

Date

Daytime Phone #