2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P07000109877

Entity Name: HERON HOUSE OF STEINHATCHEE, INC.

Current Principal Place of Business:

1117 3RD AVENUE SOUTHEAST
STEINHATCHEE, FL 32359

New Principal Place of Business:

Current Mailing Address:

1117 3RD AVENUE SOUTHEAST
STEINHATCHEE, FL 32359

New Mailing Address:

P. O. BOX 887
STEINHATCHEE, FL 32359

FEI Number: 22-3969856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELLHOUSE, GUY D
133 NE 19TH ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD (X) Delete
Name: RICARD, FINLEY O
Address: 1117 3RD AVENUE SOUTHEAST
City-St-Zip: STEINHATCHEE, FL 32359

Title: VD ( ) Delete
Name: SHELLHOUSE, GUY D
Address: 1117 3RD AVENUE SOUTHEAST
City-St-Zip: STEINHATCHEE, FL 32359

Title: SD ( ) Delete
Name: RICARD, PATRICIA
Address: 1117 3RD AVENUE SOUTHEAST
City-St-Zip: STEINHATCHEE, FL 32359

Title: D ( ) Delete
Name: RICARD, FINLEY O II
Address: 1117 3RD AVENUE SOUTHEAST
City-St-Zip: STEINHATCHEE, FL 32359

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change ( ) Addition
Name: SHELLHOUSE, GUY D
Address: P. O. BOX 887
City-St-Zip: STEINHATCHEE, FL 32359

Title: SD (X) Change ( ) Addition
Name: RICARD, PATRICIA
Address: P. O. BOX 21
City-St-Zip: OTTER CREEK, FL 32683

Title: D (X) Change ( ) Addition
Name: RICARD, FINLEY O II
Address: 7985 W. BELMONT CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA RICARD SD 01/13/2009

Electronic Signature of Signing Officer or Director Date