

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000075040

1. Entity Name
HESS FINANCIAL SERVICES, INC.



Principal Place of Business
**1312 E. CERVANTES STREET
PENSACOLA, FL 32501**

Mailing Address
**1312 E. CERVANTES STREET
PENSACOLA, FL 32501**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3261114** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEMING, FLETCHER
226 S PALAFOX ST
7TH FLOOR
PENSACOLA, FL 32501**

**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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000543272
05/10/06-80132-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRICK, SHARON HESS
STREET ADDRESS 1910 E MALLORY ST
CITY - ST - ZIP PENSACOLA, FL 32503

TITLE ST
NAME HERRICK, DOUGLAS A
STREET ADDRESS 1910 E MALLORY ST
CITY - ST - ZIP PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

850-499-7050

Daytime Phone #