


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000087012


1. Entity Name
HEOTZLER ENTERPRISE, INC.



Principal Place of Business
**3921 RIDGEWOOD AVE.
 PORT ORANGE, FL 32129**

Mailing Address
**3921 RIDGEWOOD AVE.
 PORT ORANGE, FL 32129**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3212835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEOTZLER, RALPH
 3921 RIDGEWOOD AVE.
 PORT ORANGE, FL 32129**

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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 _____ DATE 01/10/07-80018-021 150.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEOTZLER, RALPH 3921 RIDGEWOOD AVE. PORT ORANGE, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEOTZLER, TAMMY 3921 RIDGEWOOD AVE. PORT ORANGE, FL 32119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ralph Heotzler, Ralph Heotzler Date 1-5-07 Daytime Phone # 386 767 3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR