

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000042275

1. Entity Name  
ANA CHEM CORPORATION



Principal Place of Business  
4699 N FED HWY  
209D  
POMPANO BEACH, FL 33064 US

Mailing Address  
4699 N FED HWY  
209D  
POMPANO BEACH, FL 33064 US



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0496501

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HECKER, CHRISTIAN  
4699 N FED HWY 209D  
POMPANO BEACH, FL 33064

**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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HECKER, CHRISTIAN
STREET ADDRESS	4699 N. FED. HWY #209-D
CITY, ST, ZIP	POMPANO BEACH, FL 33064
TITLE	VD
NAME	HECKER, KARIN
STREET ADDRESS	4699 N. FED. HWY #209D
CITY, ST, ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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05/15/06-80069-002 158.75

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo ID

CHRISTIAN HECKER 04/28/06 (954) 946.7773