

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 08:00**  
**Secretary of Stat**

**DOCUMENT # P97000002548**

1. Entity Name  
**J. HEINRICH CORPORATION**



Principal Place of Business  
**12247 LONDONDERRY LANE  
BONITA SPRINGS, FL 33923**

Mailing Address  
**1105 CAPE CORAL PARKWAY E.  
SUITE C  
CAPE CORAL, FL 33904**



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHUTT, DARRIN R ESQ  
1105 CAPE CORAL PKWY EAST  
SUITE C  
CAPE CORAL, FL 33904**

**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

2-21-05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	HEINRICH, JOSEPH
STREET ADDRESS	ZUM SPITZEN BAUM 12, 66663
CITY-ST-ZIP	MERZIG-SCHWEMLINGEN, GER.
TITLE	S
NAME	HEINRICH, SIMONE
STREET ADDRESS	ZUM SPTZEN BAUM 12
CITY-ST-ZIP	MERZIG-SCHWEMLINGEN, GERMANY.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000241429  
02/24/05-80043-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Josef Heinrich* **JOSEF HEINRICH** 02.09.05 239-4989489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #