

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 0
Secretary of

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**



02202008 No Chg-P CR2E034 (11/05)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**000000884753
04/17/08-80057-006 150.00**

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 SPITZEN 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	

**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:

Josef Heinrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEF HEINRICH 03.09.08