

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P97000011587

1. Entry Name
HEDDIE'S BOOKKEEPING SERVICES, INC.



Principal Place of Business
2519-1 WHISPERING WOODS BLVD.
JACKSONVILLE, FL 32246

Mailing Address
2519-1 WHISPERING WOODS BLVD.
JACKSONVILLE, FL 32246



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3548334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIQUEZ-RIMAS, EVANSUIDA
2519-1 WHISPERING WOODS BLVD.
JACKSONVILLE, FL 32246

**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 restate) **DATE** _____

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

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

000000729583
05/08/07-80045-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	ENRIQUEZ-RIMAS, EVANSUIDA
STREET ADDRESS	2519-1 WHISPERING WOODS BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	ENRIQUEZ-RIMAS, EVANSUIDA
STREET ADDRESS	2519-1 WHISPERING WOODS BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
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: *Enriquez Rimas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 (904) 641-5485
Date Daytime Phone #