

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000056022**

1. Entity Name  
PICERNE SABLE POINT ASSOCIATES, INC.



Principal Place of Business  
247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3478995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

FILDES, RICHARD J.  
215 N. EOLA DRIVE  
ORLANDO, FL 32801

**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 reinstalling)

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	DPS
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 N WESTMONTE DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	T
NAME	HEFLINGER, JAN C.
STREET ADDRESS	247 N. WESTMONTE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	
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1100000543546  
05/10/06-80142-013 150.00

**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: Jan Hefflinger 4/21/06 407 772 0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #