

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90159 021 \*\*\*150.00

**DOCUMENT # P98000021287**

1. Entity Name  
EHD ENTERPRISES, INC.



Principal Place of Business  
1275 VANDERBILT DRIVE  
ORMOND BEACH, FL 32174

Mailing Address  
1275 VANDERBILT DRIVE  
ORMOND BEACH, FL 32174

**50009406**



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3496756**

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**

HETZNECKER, VICKI  
1275 VANDERBILT DR.  
ORMOND BEACH, FL 32174

**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 reissuing)

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	P
NAME	HETZNECKER, ERICH
STREET ADDRESS	1275 VANDERBILT DR
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	V
NAME	HETZNECKER, DUSTIN
STREET ADDRESS	110 BELEVEDERE LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	ST
NAME	HETZNECKER, VICKIE
STREET ADDRESS	1275 VANDERBILT DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
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: ERICH HETZNECKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-06**

Date

**386-295-1128**

Daytime Phone #