

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90173 018 ***150.00

DOCUMENT # P98000021952

1. Entity Name
HEADS UP HANDS DOWN, INC.



40086133



Principal Place of Business
**26 FAIRGLEN DR
TITUSVILLE, FL 32796**

Mailing Address
**26 FAIRGLEN DR
TITUSVILLE, FL 32796**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3498522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ACCURATE ACC. OF TITUSVILLE, INC.
3910 S WASHINGTON AVE, 101N
TITUSVILLE, FL 32780**

7. Name and Address of New Registered Agent

Name **Robin K. Porta**

Street Address (P.O. Box Number is Not Acceptable)
26 Fairglen Drive

City **Titusville** **FL** Zip Code **32796**

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 _____

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTA, ROBIN 26 FAIRGLEN DR TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTA, ROBERT J II 26 FAIRGLEN DR TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robin K. Porta 4/26/06 321-268-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #