

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90049 013 \*\*\*150.00

|  |  |         |  |  |  |
|--|--|---------|--|--|--|
| <b>DOCUMENT # P98000108114</b><br>1. Entity Name<br>LAW OFFICES OF SYLVIA E. HELDRETH, P.A.  |  |         |  |   |  |
| Principal Place of Business<br>1215 MIRAMAR STREET<br>CAPE CORAL, FL 33904   |  |         | Mailing Address<br>1215 MIRAMAR STREET<br>CAPE CORAL, FL 33904   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |  |         | City & State   |  |  |
| Zip  |  | Country |  | Zip  |  |
| Country  |  | Country |  | 4. FEI Number<br>65-0886759  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |         |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>HELDRETH, SYLVIA E<br>4321 SE 18TH PL<br>CAPE CORAL, FL 33904   |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>4306 SE 18th Place<br>City <b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE: <i>Sylvia E. Heldreth</i> <span style="float: right;">change of address only 1/13/06</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |         |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS   |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD<br>HELDRETH, SYLVIA E<br>4321 SE 18TH PLACE<br>CAPE CORAL, FL 33904 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 4306 SE 18th Place   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: <i>Sylvia E. Heldreth</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |         | 1/13/06 (239) 542-8899<br><small>Date Daytime Phone #</small>  |  |  |