

2005 FOR PROFIT CORPORATION
ANNUAL REPORT**FILED**
May 05, 2005 08:00
Secretary of State**DOCUMENT # P99000026549**1. Entity Name
HEBANITI, INC.Principal Place of Business
300 MISTY PINES CIR., #C201
NAPLES, FL 34705Mailing Address
3777 TAMiami TR. N
STE 200
NAPLES, FL 34103

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3639725Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146**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 retaking)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEIDHARDT, HERBERT
STREET ADDRESS	300 MISTY PINES CIR., #C201
CITY-STATE-ZIP	NAPLES, FL 34705
TITLE	VD
NAME	EICHLER-NEIDHARDT, BARBARA
STREET ADDRESS	300 MISTY PINES CIR., #C201
CITY-STATE-ZIP	NAPLES, FL 34705
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000362059
05/05/05-80103-004 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone