FILED Mar 06, 2008 8:00 am Secretary of State 02-06-2008 90029 025 ***150.00

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000062700 1. Entity Name JIM HEPP AND ASSOCIATES, INC.						
Principal Place 1461 IRMA R EUSTIS, FL 3	D.		Mailing Address 1461 IRMA RD. EUSTIS, FL 32726		66002558	ERNU BRUR NAD JERN BANG BENJER WARE
DO NOT WRITE IN THIS SPACE				CE	01252008 No Chg-P	CR2E034 (11/05)
	& Name and A	ddress of Current Re	And Andrews	South Donates	59-3588669 5. Certificate of Status Decired	Not Applicable \$8.75 Additional Fee Required
HEPP, JAN 1461 IRMA EUSTIS, F	MES M				DO NOT WILL IN THIS SP	THE RESERVE AND A STREET OF THE PROPERTY OF TH
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 peristored agent. SIGNATURE Signature, typed or primate Regist of Agent agent and took applications of 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 peristored agent. SIGNATURE Signature, typed or primate Regist of Agent agent and took applications of 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 peristored agent.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPST HEPP, JAMES 1461 IRMA RD. EUSTIS, FL 32		RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO NOT W	RITE:
TITLE MAME STREET ADDRESS CITY-ST-ZIP					IN THIS SP	AGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u>	· · · · · · · · · · · · · · · · · · ·			
HAME STREET ADDRESS CITY-ST-ZIP	e de la seco		The second secon			
12. I hereby certify that the information supplied with this fling 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 planeture shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustae-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 TYPES OF PRINTED NAME OF PROPERTY OF PARTY OF PART						