



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90086 048 \*\*\*150.00

<b>DOCUMENT # P99000074927</b> 1. Entity Name <b>THEHON ENTERPRISES, INC.</b>					
Principal Place of Business <b>179 RIDGE DR. NAPLES, FL 34108</b>			Mailing Address <b>179 RIDGE DR. NAPLES, FL 34108</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		400000011  	
01032007      Chg-P      CR2E034 (12/06)				4. FEI Number <b>59-3593523</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>LONG, BUTZEL 801 LAUREL OAK DRIVE SUITE 705 NAPLES, FL 34108</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>SKRIVAN LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 LAUREL OAK DRIVE</b> <b>SUITE 705</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34108</b>		
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 <u><i>Keith A. Skri</i></u> DATE <u>1/17/07</u> <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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MARTINO, JOSEPH V</b> <b>179 RIDGE DRIVE</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MARTINO, CAROLINE D</b> <b>179 RIDGE DRIVE</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Carrie Martino</i></u>		1/4/07 (239) 594-8875		Date      Daytime Phone #	