


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000074927 1. Entity Name THEHON ENTERPRISES, INC.	
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Principal Place of Business 179 RIDGE DR. NAPLES, FL 34108	Mailing Address 179 RIDGE DR. NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3593523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SKRIVAN LAW
801 LAUREL OAK DRIVE
SUITE 705
NAPLES, FL 34108**

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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 restate) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINO, JOSEPH V 179 RIDGE DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINO, CAROLINE D 179 RIDGE DRIVE NAPLES, FL 34108
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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: Carlie Martino **C. MARTINO** 1/4/08 239-594-8875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #