


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

07-21-2006 90023 014 ***150.00

DOCUMENT # S59649 1. Entity Name HEIDI & JOE INC	
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Principal Place of Business 612 LAUREL LAKES DRIVE MOUNTAINTOP, PA 18707	Mailing Address 612 LAUREL LAKES DRIVE MOUNTAINTOP, PA 18707
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DO NOT WRITE IN THIS SPACE



08282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0267426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOONMAKER, RICHARD
 1948 S.E. PORT ST. LUCIE BLVD
 PORT ST. LUCIE, FL 34952

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: *Richard Schoonmaker* Registered Agent 9/1/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELCHIONA, JOSEPH 612 LAUREL LAKES DRIVE MOUNTAINTOP, PA 18707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Heidi-Maria Melchiona 612 Laurel Lakes Dr. Mountain Top, PA 18707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Heidi-Maria Melchiona* 8/29/06 570.332-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/21/2006-90023-014-\$150.00-\$150.00

ATTACHMENT

666023936



DOCUMENT # S59649			
1. Entity Name HEIDI & JOE INC			
Principal Place of Business 612 LAUREL LAKES DRIVE MOUNTAINTOP, PA 18707		Mailing Address 612 LAUREL LAKES DRIVE MOUNTAINTOP, PA 18707	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		08072006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0267426		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		7. Name and Address of New Registered Agent	
SCHOONMAKER, RICHARD 1948 S.E. PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952		Name Heidi-Maria Melchiona Street Address (P.O. Box Number is Not Acceptable) 612 Laurel Lakes Drive City Mountain Top, PA Zip Code 18707	
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>Heidi-Maria Melchiona</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELCHIONA, JOSEPH 612 LAUREL LAKES DRIVE MOUNTAINTOP, PA 18707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Heidi-Maria Melchiona 612 Laurel Lakes Dr. Mountain Top, PA 18707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Heidi-Maria Melchiona</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/10/06</u> Daytime Phone # <u>570-968-6999</u>	

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


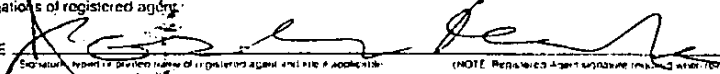
PENDING
07-21-2006 90023 014 ***150.00
S39649

DOCUMENT # S59649

ATTACHMENT

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1st MOORE CR2E034 (10/05)

1. Entity Name HEIDI & JOE INC			
Principal Place of Business 612 LAUREL LAKES DRIVE MOUNTAINTOP PA 18707		Mailing Address 612 LAUREL LAKES DRIVE MOUNTAINTOP PA 18707	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0267426		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 SCHOONMAKER, RICHARD 1948 S.E. PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34952		7. Name and Address of New Registered Agent Name: <u>Heidi-Maria Melchiona</u> Street Address (P.O. Box Number is Not Acceptable): <u>612 Laurel Lakes Drive</u> City: <u>Mountain Top</u> PA Zip Code: <u>18707</u>	
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: 		DATE: <u>7/14/06</u>	
FILE NOW!! FEB 15 \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MELCHIONA, JOSEPH 612 LAUREL LAKES DRIVE MOUNTAINTOP PA 18707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Heidi-Maria Melchiona</u>		DATE: <u>7/14/06</u> 570-330-1319	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

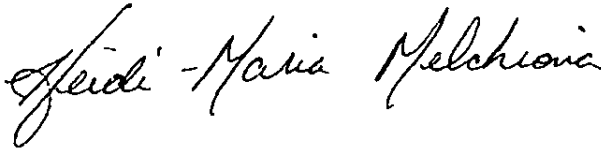
ATTACHMENT

Re; document # S59649
Annual report for profit corporation

660 23936

I am sending this form to file for our annual report for 2006. The president of our corporation has been ill and in and out of the hospital for the past few months and has been unable to take care of this matter. As secretary of our corporation Heidi and Joe Inc. I have finally been able to sort through our paperwork and am requesting due to Joseph's health that the extra 400.00 penalty fee be waived at this time due to his health problems. I have enclosed the check to keep our corporation current and have added myself to the list of officers. Please advise me if this one time exception can be waived. My phone number is 570. 332-1349 if there is anything that is needed for verification of his condition to waive this penalty.

Sincerely,



Heidi-Maria Melchiona
Secretary