

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 238141

**Entity Name:** HESSLER'S INC.

**Current Principal Place of Business:**

1245 SHADOW LANE  
FT. MYERS, FL 33901

**Current Mailing Address:**

C/O LINDA HESSLER  
1245 SHADOW LANE  
FT. MYERS, FL 33901 US

**FEI Number:** 59-0906857

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LINDA M. HESSLER  
1245 SHADOW LANE  
FT MYERS, FL 33901 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            HESSLER, LINDA M  
Address        1245 SHADOW LANE  
City-State-Zip: FT. MYERS FL 33901

Title            VPRE  
Name            GILES, STEPHANIE A  
Address        16347 PINE VILLA LANE  
City-State-Zip: FT. MYERS FL 33912

Title            ST  
Name            STRECKER, MARY H  
Address        425 SE 34TH PLACE  
City-State-Zip: OCALA FL 33471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA M. HESSLER

**PRESIDENT**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date