

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072852

Entity Name: H.W. FALKE, INC.**Current Principal Place of Business:**101 LEGEND LAKES DRIVE
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**P.O. BOX 27415
PANAMA CITY, FL 32411**FEI Number:** 03-0471619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FALKE, HEINZ WJR.
101 LEGEND LAKES DRIVE
PANAMA CITY BEACH, FL 32408 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	DIR
Name	FALKE, ELIZABETH D
Address	101 LEGEND LAKES DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	DIR
Name	FALKE, ELIZABETH D
Address	101 LEGEND LAKES DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	DIR
Name	FALKE JR., HEINZ W
Address	101 LEGEND LAKES DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	PRES
Name	FALKE JR., HEINZ W
Address	101 LEGEND LAKES DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	SEC.
Name	FALKE, ELIZABETH D
Address	101 LEGEND LAKES DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	DIR
Name	FALKE JR., HEINZ W
Address	101 LEGEND LAKES DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

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: HEINZ W FALKE JR.**PRES****09/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date