

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


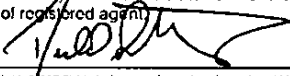
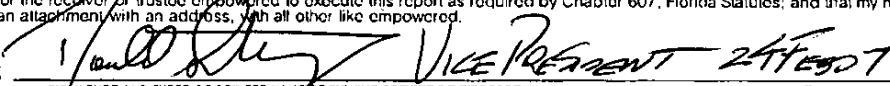
**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90043 016 \*\*\*150.00

**66003422**



1st MOORE CR2E034 (10/06)

DOCUMENT # 462419			
1. Entity Name HEGEMAN-HARRIS COMPANY OF FLORIDA, INC.			
Principal Place of Business P O BOX 361345 MELBOURNE FL 32936-6345		Mailing Address P O BOX 361345 MELBOURNE FL 32936-6345	
2. Principal Place of Business - No P.O. Box # 822 SARNO ROAD		3. Mailing Address	
Suite, Apt. #, etc. UNIT 3		Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State	
Zip 32935	Country USA	Zip	Country
4. FEI Number 59-2058262		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STERNBERG, DONALD 822 SARNO ROAD UNIT 3 MELBOURNE FL 32935		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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	
SIGNATURE, typed or printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P STERNBERG, DONALD 820 SARNO RD. UNIT 3 MELBOURNE FL 32935 <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	V STERNBERG, L. MICHAEL 820 SARNO RD., UNIT 3 MELBOURNE FL 32935 <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	<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 Section 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: 		VICE PRESIDENT 24 Feb 07 821 208799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	