


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004812 1. Entity Name HEATHERFIELD CORPORATION	
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Principal Place of Business 1510 MONK ROAD GLADWYNE, PA 19035	Mailing Address 1510 MONK ROAD GLADWYNE, PA 19035
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DO NOT WRITE IN THIS SPACE



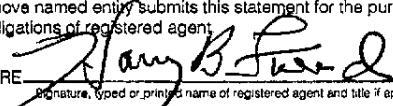
01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2244030	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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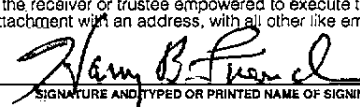
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IN THIS SPACE**

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>2-8-2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000230331 02/15/05-80039-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FRENCH, HARRY B 1510 MONK ROAD GLADWYNE, PA 19035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRENCH, HARRY B 1510 MONK ROAD GLADWYNE, PA 19035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRENCH, HARRY B JR. 100 KYNLYN ROAD RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2-8-05</u> Daytime Phone # <u>610 525-6102</u>