

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P37317

1. Entity Name
HEATH AND ASSOCIATES INCORPORATED



Principal Place of Business

108 W. WARREN ST.
SUITE 300
SHELBY, NC 28150

Mailing Address

P.O. BOX 185
SHELBY, NC 28151-0185



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0795012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALMON, JAVIER
6021 SW 129 CT
MIAMI, FL 33183

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME HEATH, ERIC S
STREET ADDRESS 413 JOHNSFIELD ROAD
CITY-ST-ZIP SHELBY, NC 28150

TITLE V
NAME KINNETT, KELLY P
STREET ADDRESS 100 TALL PINE DRIVE
CITY-ST-ZIP SHELBY, NC 28152

TITLE T
NAME HEATH, ANGELA N
STREET ADDRESS 413 JOHNSFIELD RD
CITY-ST-ZIP SHELBY, NC 28150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000845800
03/18/08-80002-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/08

704-487-8516