

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90086 034 ***150.00

DOCUMENT # 299622

1. Entity Name

HEATHERINGTON MACHINE CORPORATION



Principal Place of Business
3123 SHADER RD
ORLANDO FL 32808
US

Mailing Address
3123 SHADER RD
ORLANDO FL 32808
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1110181

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATEER, WILLIAM G
140 S COURT ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when restoring)

DATE

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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HEATHERINGTON JR, MARK W	
STREET ADDRESS	3123 SHADER ROAD	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATHERINGTON, CLAIRE H	
STREET ADDRESS	3123 SHADER ROAD	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	S	<input type="checkbox"/> Delete
NAME	YOUNG, CLAUDIA	
STREET ADDRESS	3123 SHADER ROAD	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEATHERINGTON, MARK W.	
STREET ADDRESS	3123 SHADER ROAD	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heatherington, Mark W.	
STREET ADDRESS	3123 Shader Rd.	
CITY - ST - ZIP	Orlando, FL 32808	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heatherington, Claire H.	
STREET ADDRESS	3123 Shader Rd.	
CITY - ST - ZIP	Orlando, FL 32808	
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Claudia	
STREET ADDRESS	3123 Shader Rd.	
CITY - ST - ZIP	Orlando, FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

Corrections

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:

Claudia Young

Claudia Young, Secy.-Treas. 2-1-07 407-293-1943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #