

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 007 ***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.

1st MOORE CR2E034 (10/07)

City & State
 Zip Country

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent for all foreign entities must be a natural person.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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: P NAME: HEATHERINGTON, MARK W STREET ADDRESS: 3123 SHADER ROAD CITY-ST-ZIP: ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete (Duplicate)
TITLE: V NAME: HEATHERINGTON, CLAIRE H STREET ADDRESS: 3123 SHADER ROAD CITY-ST-ZIP: ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE: ST NAME: YOUNG, CLAUDIA STREET ADDRESS: 3123 SHADER ROAD CITY-ST-ZIP: ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE: P NAME: HEATHERINGTON, MARK W. STREET ADDRESS: 3123 SHADER ROAD CITY-ST-ZIP: ORLANDO FL 32808	<input type="checkbox"/> Delete <i>Correct</i>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 1-23-08 407-293-1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR