


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 403457 -</b> 1. Entity Name <b>HEAVENER REALTY CO.</b>	
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Principal Place of Business <b>2602 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32217</b>	Mailing Address <b>2602 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32217</b>
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04102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1425708</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>HEAVENER, MAC D JR 5446 RIVER TRAIL ROAD NORTH JACKSONVILLE, FL 32277</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000112657  
04/14/04-80032-003 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEAVENER, ANN C 5446 RIVER TRAIL NORTH JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAC D. HEAVENER JR. 5446 RIVER TRAIL NORTH JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEAVENER, MATTHEW D 6061 CARREVERO DRIVE SOUTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **MAC D. HEAVENER, JR.** 4/10/04 (904) 448-6771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #