2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 409870** 1. Entity Name 04-26-2004 90564 023 ***150.00 HEPLER CONSTRUCTION CO., INC. Mailing Address Principal Place of Business 2425 S.W. 58TH AVENUE HOLLYWOOD FL 33023 2425 S.W. 58TH AVENUE HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-1458029 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7.=Name and Address of New Registered Agent HEPLER, JAY-Street Address (P.O. Box Number is Not Acceptable) 2425 S.W. 58 AVE. HOLLYWOOD FL 33023 Zip Code 8. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept tered agent. the obligations of regis **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE red agent and title if applicable FILE NOW!!! PEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITI F TITLE ☐ Delete ☐ Change ☐ Addition HEPLER, J FRANK NAME NAME 2425 SW 58TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change Addition TITLE HEPLER, JAY NAME NAME STREET ADDRESS 2425 SW 58TH AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 00000 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE HEPLER, BEVERLY STREET ADDRESS STREET ADDRESS 2425 S.W. 58 AVE:---CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HEPLER, JEFFREY NAME 2425 S.W. 58TH AVE . STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-7P ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

FILED