2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 427530

1. Entity Name
H.E.M. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
E. MILLMAN 2430 SHADOWLAWN DR, #12 NAPLES, FL 34112 US	E. MILLMAN 2430 SHADOWLAWN DR, #12 NAPLES, FL 34112 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1545745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, STANLEY A.
2430 SHADOWLAWN DR
SUITE #12
NAPLES, FL 34112

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000090695
03/17/04-80029-007 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	MILLMAN, EDYTHE
STREET ADDRESS	185 ONTARIO ST, APT. 106
CITY-ST-ZIP	KINGSTON ONTARIO CAN,
TITLE	S
NAME	MCDONALD, STANLEY A.
STREET ADDRESS	2430 SHADOWLAWN DR, #12
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VP
NAME	MILLMAN, ALLAN D
STREET ADDRESS	185 ONTARIO ST APT 106
CITY-ST-ZIP	KINGSTON, ONTARIO, CAN,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Edythe Millman (Pres.) MAR 12 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~EDYTHE MILLMAN, President~~