

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90166 020 \*\*\*150.00

**DOCUMENT # 427530**

1. Entity Name

H.E.M. INVESTMENTS, INC.



Principal Place of Business

E. MILLMAN  
2430 SHADOWLAWN DR, #12  
NAPLES FL 34112  
US

Mailing Address

E. MILLMAN  
2430 SHADOWLAWN DR, #12  
NAPLES FL 34112  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1545745**

Applied For  
Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent -

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

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILLMAN, EDYTHE	
STREET ADDRESS	185 ONTARIO ST. APT. 106	
CITY-ST-ZIP	KINGSTON ONTARIO CAN	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDONALD, STANLEY A.	
STREET ADDRESS	2430 SHADOWLAWN DR, #12	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLMAN, ALLAN D	
STREET ADDRESS	185 ONTARIO ST APT 106	
CITY-ST-ZIP	KINGSTON, ONTARIO, CAN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLMAN, ALLAN D:	
STREET ADDRESS	185 ONTARIO ST APT 106	
CITY-ST-ZIP	KINGSTON, ONTARIO, CAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY A. MCDONALD, SEC. 3/2/2005

Date

Daytime Phone #