

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90389 007 ***150.00

DOCUMENT # 429857

1. Entity Name
HEFFNER SERVICE COMPANY



Principal Place of Business

**37 NE 1ST TERRACE SUITE D
DEERFIELD BEACH, FL 33441 US**

Mailing Address

**37 NE 1ST TERRACE SUITE D
DEERFIELD BEACH, FL 33441 US**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1469127

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HURLEY, BARBARA W
180 NW. 47TH AVE.
DEERFIELD BEACH, FL 33442**

**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

Barbara W. Hurley **Barbara W. Hurley**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LAWSON, STEPHEN M.
STREET ADDRESS	115 ST. CLOUD LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	PTD
NAME	HURLEY, BARBARA W
STREET ADDRESS	180 NW 47TH AVENUE
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	VD
NAME	HURLEY, JERIMIAH
STREET ADDRESS	180 NW 47TH AVE.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	COOK, RICHARD C
STREET ADDRESS	2291 LITTLE BROOKE LANE
CITY-ST-ZIP	DUNWOODY, GA 30338
TITLE	D
NAME	COOK, MARY ANN
STREET ADDRESS	2291 LITTLE BROOKE LANE
CITY-ST-ZIP	DUNWOODY, GA 30338

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #