

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 516446

**1. Entity Name
HEAVENER INVESTMENT SERVICES, INC.**



**Principal Place of Business
2602 UNIVERSITY BLVD. W
JACKSONVILLE, FL 32217 US**

**Mailing Address
2602 UNIVERSITY BLVD. W
JACKSONVILLE, FL 32217 US**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1783755**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**HEAVENER, JR, MAC D
5446 RIVER TRAIL RD. N
JACKSONVILLE, FL 32277**

**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

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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

**1100000531/038
05/06/06-80025-001 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAC D. HEAVENER JR.
STREET ADDRESS	5446 RIVER TRAIL RD N
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	SD
NAME	HEAVENER, ANN
STREET ADDRESS	5446 RIVER TRAIL RD N
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D
NAME	HEAVENER, MICHAEL D
STREET ADDRESS	5446 RIVER TRAIL ROAD, NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32277
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 exemptions contained in Chapter 119, 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

MAC D. HEAVENER, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

4/17/06 (904) 448-6771

Daytime Phone #