

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90109 038 \*\*\*150.00

<b>DOCUMENT # 828195</b> 1. Entity Name <b>OLD PARK INVESTMENTS, INC.</b>					
Principal Place of Business <b>1936 HARBORTOWN DRIVE FT. PIERCE FL 34946-1446</b>			Mailing Address <b>1936 HARBORTOWN DRIVE FT. PIERCE FL 34946-1446</b>		
2. Principal Place of Business <i>850 66th Ave</i> Suite, Apt. #, etc. <i>Vero Beach</i>		3. Mailing Address <i>P.O. Box 690067</i> Suite, Apt. #, etc.			
City & State <i>Fla. 32966</i>		City & State <i>Vero Beach FL</i>		4. FEI Number <b>38-1812091</b>	
Zip <i>32969-0067</i>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>HEFFLEBOWER, DAVID L</b> <b>1936 HARBORTOWN DR</b> <b>FT. PIERCE FL 34946</b> <i>850 66 Ave.</i> <i>Vero Beach, FL 32966</i>			7. Name and Address of New Registered Agent  Name — Street Address (P.O. Box Number is Not Acceptable) <i>850 66th Ave</i> City <i>Vero Beach, Fla.</i> <b>FL</b> Zip Code <i>32966</i>		
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 <i>David L Hefflebower</i> DATE <i>4-05-05</i> <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PD NAME HEFFLEBOWER, DAVID L STREET ADDRESS <del>1936 HARBORTOWN DRIVE</del> CITY-ST-ZIP <del>FT. PIERCE FL 34946-1446</del>	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address changes only</i>		
TITLE VSD NAME HEFFLEBOWER, BARBARA STREET ADDRESS <del>1936 HARBORTOWN DRIVE</del> CITY-ST-ZIP <del>FT. PIERCE FL 34946-1446</del>	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P.O. Box 690067</i> <i>vero beach, FL</i> <i>32969-0067</i>		
TITLE 7AVP NAME CHNUPA, JAN STREET ADDRESS <del>1936 HARBORTOWN DR</del> CITY-ST-ZIP <del>FORT PIERCE FL 34946</del>	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>David L Hefflebower</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>4-05-05</i> <small>Date</small>		