


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F85433 1. Entity Name PRINTING BY HEARN, INC.	
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Principal Place of Business % WILLIAM H HEARN 5051 TOZOUR ROAD FT PIERCE, FL 34946	Mailing Address % WILLIAM H HEARN 5051 TOZOUR ROAD FT PIERCE, FL 34946
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DO NOT WRITE IN THIS SPACE



4. FEI Number 59-2217046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEARN, WILLIAM H
5051 TOZOUR ROAD
FT PIERCE, FL 34946

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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, 2007 Fee will be \$550.00

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

U00000583318
01/11/07-80068-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEBORAH, SHANNON D 5051 TOZOUR ROAD FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEARN, WILLIAM H 5051 TOZOUR ROAD FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEARN, JEANNE 5051 TOZOUR ROAD FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEARN, EDWARD J 5051 TOZOUR ROAD FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEARN, THOMAS HENRY 5051 TOZOUR ROAD FT. PIERCE, FL 34946
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: Jeanne Hearn, Sec. Treas 1/8/07 (772) 461-7526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #