

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 034 ***150.00

DOCUMENT # F93000002438 1. Entity Name HEI GROUP, INC. (DELAWARE)					
Principal Place of Business 101 E KENNEDY STE 2200 TAMPA, FL 33602 US			Mailing Address 101 E KENNEDY STE 2200 TAMPA, FL 33602 US		
2. Principal Place of Business		3. Mailing Address 1061 LIVE OAK AVE NE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ST. PETERS BURG FL			
Zip	Country	Zip 33703	Country PINELLAS	4. FEI Number 22-2923317	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEINBREN, DON B 101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, JOHN 8300 HILLTOP DR POLAND, OH 44514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROCK, GEORGANNE 1648 BRIGHT WATERO BLVD ST PETE, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROCK, GEORGANNE 1061 LIVE OAK AVE N.E. ST. PETE, 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANLAN, LAWRENCE 129 LINSAY LANE OLDSMAR, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANLAN, LAWRENCE 10243 SORGENSTAM DR. TRINITY FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATS, DAVID PO BOX 430 PALMETTO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COATS DAVID 1443 BRAMBLING CT BRADENTON FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILKMAN, DEWEY 205 LAVENDER OASIS PEACHTREE CITY, GA 30269 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNICK, RICHARD 1000 US 1 UNIT 752 JUPITER, FL 33477 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNICK, RICHARD 14314 Cypress Island Circle PALM BEACH GARDENS FL 33410 <input checked="" 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: <u>Georganne Brock</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-27-409-1920</u> <small>Daytime Phone #</small>		