

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000002739**

1. Entity Name  
**HAVANA BOILER COMPANY**



Principal Place of Business  
**HWY 27 NORTH  
HAVANA, FL 32333**

Mailing Address  
**P.O. BOX 1128  
HAVANA, FL 32333**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3237056**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROCKWOOD, THOMSON W  
PO BOX 1128, HIGHWAY 27 NORTH  
1-1/2 MILES NORTH OF HAVANA ON LEFT  
HAVANA, FL 32333**

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROCKWOOD, THOMSON W
STREET ADDRESS	4018 KILMARTIN DRIVE
CITY-STATE-ZIP	TALLAHASSEE, FL 32308

TITLE	C
NAME	BARRINGER, PAUL B II
STREET ADDRESS	COUNTRY CLUB ROAD
CITY-STATE-ZIP	WELDON, NC 27890

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	

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04/26/04-80045-015 150.00

**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:** *Thomson W. Rockwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/04* **850-534-6432**  
Date Daytime Phone #