


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90324 014 ***150.00

DOCUMENT # G19604 1. Entity Name HEATHROW LAND AND DEVELOPMENT CORPORATION					
Principal Place of Business 201 W FIRST ST P.O. BOX GG SANFORD, FL 32771			Mailing Address 201 W FIRST ST P.O. BOX GG SANFORD, FL 32771		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number 59-2268057	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NELSON, LARRY 201 W FIRST ST SANFORD, FL 32771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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, 2008 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			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.		
TITLE P <input type="checkbox"/> Delete NAME NELSON, LARRY W STREET ADDRESS 201 W FIRST ST CITY-ST-ZIP SANFORD, FL 32771			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Paulucci, Jeno F. STREET ADDRESS 201 W First St CITY-ST-ZIP Sanford, FL		
TITLE D <input type="checkbox"/> Delete NAME PAULUCCI, LOIS M. STREET ADDRESS 201 W FIRST ST CITY-ST-ZIP SANFORD, FL			TITLE VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Livingston, Calvin J. STREET ADDRESS 201 W First St CITY-ST-ZIP Sanford, FL		
TITLE D <input type="checkbox"/> Delete NAME PAULUCCI, MICHAEL STREET ADDRESS 201 W FIRST ST CITY-ST-ZIP SANFORD, FL			TITLE VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Striplin, Stephen A. STREET ADDRESS 201W First St CITY-ST-ZIP Sanford, FL		
TITLE D <input type="checkbox"/> Delete NAME SELTON, CYNTHIA J. STREET ADDRESS 201 W FIRST ST CITY-ST-ZIP SANFORD, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME PAULUCCI, GINA J. STREET ADDRESS 201 W FIRST ST CITY-ST-ZIP SANFORD, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VS <input checked="" type="checkbox"/> Delete NAME NELSON, LARRY W. STREET ADDRESS 201 W FIRST ST CITY-ST-ZIP SANFORD, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LARRY W. NELSON, PRESIDENT

4.18.08