

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19604

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** HEATHROW LAND AND DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

201 W FIRST ST  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

201 W FIRST ST  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-2268057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, LARRY  
201 W FIRST ST  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NELSON, LARRY W  
Address: 201 W FIRST ST  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: PAULUCCI, LOIS M.  
Address: 201 W FIRST ST  
City-St-Zip: SANFORD, FL

Title: V/S  
Name: SIMS, THOMAS  
Address: 201 W FIRST ST  
City-St-Zip: SANFORD, FL

Title: D  
Name: SELTON, CYNTHIA J.  
Address: 201 W FIRST ST  
City-St-Zip: SANFORD, FL

Title: D  
Name: PAULUCCI, JENO F  
Address: 201 W FIRST ST  
City-St-Zip: SANFORD, FL

Title: VT  
Name: STRIPLIN, STEPHEN S  
Address: 201 W FIRST ST  
City-St-Zip: SANFORD, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LARRY W. NELSON

P

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date