2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 8:00 am Secretary of State 03-09-2005 90034 033 ***158.75

DOCUMENT # H60396 1. Entity Name HEARNDON CONSTRUCTION, INC.				03-09-2005 90034 033 ***158.75			
8145 EVERNIA STREET UNIT 1		UNIT 1	8145 EVERNIA STREET Unit 1		40029018		
Principal Place of Business 3.		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E034 (10/03	3)	
City & State		City & State	City & State		4. FEI Number Applied For 59-2544398 Not Applicable		
Zip	Country	Zip .	Country	5. Certificate of Status Des	Fee Requi		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent			
O'BRIEN, JIM 1686 W. HIBISCUS BLVD. MELBOURNE, FL 32901			Name		•	- -	
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	·		City		FL Zip Co	ode	
8. The above	named entity submits this statement f	or the purpose of changing its	s registered office or regi	stered agent, or both, in the State	e of Florida. I am familiar wit	h, and accept	
SIGNATURES	ions of registered agent. Signature, typed or printed name of registered agen	nt and title if applicable. + (NOT	E. Registered Agent signature req	uired when reinstating)	, DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Camp Trust Fund Co				55.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HEARNDON, LEONARD D 5451 SENNE ROAD MICCO, FL 32976	☐ Delete	TITLE D M STREET ADDRESS 37 CITY-ST-ZIP	ichelle K. Han to allen Auchüt Icco. 76 32976	□ Chango	e 😡 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TRINA L 8166 104TH COURT VERO BEACH, FL 32967	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e Addition	
TITLE NAME STREET ADDRESS	VD KEMPF, DENNIS J 2676 50TH AVENUE	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	e	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	e 🔲 Addition	
TITLE		☐ Delete	TITLE		Change	e 🔲 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 eath; 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7 MICHELLEK, HARRY WIED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/2/05

(MZ) UATMZ

☐ Change

Addition