


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # H60396 1. Entity Name HEARNDON CONSTRUCTION, INC.	
---	---

Principal Place of Business 8145 EVERNIA STREET UNIT 1 MICCO, FL 32976 US	Mailing Address 8145 EVERNIA STREET UNIT 1 MICCO, FL 32976 US
--	--

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2544398	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent O'BRIEN, JIM 1686 W. HIBISCUS BLVD. MELBOURNE, FL 32901
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HEARNDON, LEONARD D 5451 SENNE ROAD MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEY, MICHELLE K 3190 ALLEN AVENUE MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEMPF, DENNIS J 2676 50TH AVENUE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

06/05/08-80004-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this form 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

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	LEONARD HEARNDON, PRESIDENT 04-09-08 772/664-7772 <small>Date Daytime Phone #</small>
---	---