

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 042 ***150.00

DOCUMENT # L37224
 1. Entity Name
 RICHARD L. HEFFERNAN, P.A.



Principal Place of Business Mailing Address
~~3 GREENWAY VILLAGE NORTH~~ ~~3 GREENWAY VILLAGE NORTH~~
~~SUITE 205~~ ~~SUITE 205~~
 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 151 Meander Circle 151 Meander Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Royal Palm Beach, Fl. Royal Palm Beach Fl.
 Zip Country Zip Country
 33411 33411

4. FEI Number Applied For
 65-0159311 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HEFFERNAN, RICHARD L.
~~3 GREENWAY VILLAGE NORTH~~
~~SUITE 205~~
 ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
 Name: Heffernan, Richard L.
 Street Address (P.O. Box Number is Not Acceptable): 151 Meander Circle
 Royal Palm Beach FL Zip Code: 33411

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: *Richard L. Heffernan* Richard L. HEFFERNAN DATE: 1-26-08
(NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> Delete	NAME: HEFFERNAN, RICHARD L.
STREET ADDRESS: 3 GREENWAY VILLAGE NORTH SUITE 205	CITY-ST-ZIP: ROYAL PALM BEACH FL 33411
TITLE: VP <input type="checkbox"/> Delete	NAME: HEFFERNAN, BEVERLY R
STREET ADDRESS: 3 GREENWAY VILLAGE N # 205	CITY-ST-ZIP: ROYAL PALM BEACH FL 33411
TITLE: S <input type="checkbox"/> Delete	NAME: HEFFERNAN, BARBARA A
STREET ADDRESS: 2911 E MAIN STREET	CITY-ST-ZIP: PAHOKEE FL 33476
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 151 Meander Circle	CITY-ST-ZIP: Royal Palm Beach, FL 33411
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 151 Meander Circle	CITY-ST-ZIP: Royal Palm Beach FL 33411
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: P.O. Box 71	CITY-ST-ZIP: Pahokee, FL 33476
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard L. Heffernan* Richard L. HEFFERNAN DATE: 1/26/08 Daytime Phone #: 561 449-9635