

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90007 031 ***150.00

DOCUMENT # L95984

1. Entity Name
HEATON PARK, INC.



Principal Place of Business
**7103 VIA MARBELLA
BOCA RATON, FL 33433**

Mailing Address
**7103 VIA MARBELLA
BOCA RATON, FL 33433**

50003670



2. Principal Place of Business

14804 Enclave Lakes Dr

3. Mailing Address

14804 Enclave Lakes Dr

Suite, Apt. #, etc.

Apt T-5

Suite, Apt. #, etc.

Apt T-5

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33484

Country

USA

Zip

33484

Country

USA

01112005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0242905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPLAN, MURRAY
7103 VIA MARBELLA
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name **Merle Caplan**

Street Address (P.O. Box Number is Not Acceptable)

14804 Enclave Lakes Dr Apt T-5

City **Delray Beach**

FL Zip Code **33484**

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 **Merle Caplan**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	CAPLAN, MURRAY	
STREET ADDRESS	7103 VIA MARBELLA	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CAPLAN, MERLE	
STREET ADDRESS	7103 VIA MARBELLA	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caplan, Merle	
STREET ADDRESS	14804 Enclave Lakes Dr Apt T-5	
CITY-ST-ZIP	Delray Beach FL 33484	
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		
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 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 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: **Merle Caplan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #