




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M69707</b> 1. Entity Name HEALD PROPERTIES, INC.			
Principal Place of Business % DAVID HEALD 7920 ORIOLE ST. JACKSONVILLE, FL 32208		Mailing Address % DAVID HEALD 7920 ORIOLE ST. JACKSONVILLE, FL 32208	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2877684	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HEALD, DAVID 7920 ORIOLE ST. JACKSONVILLE, FL 32208		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000617331 02/07/07-80070-014 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HEALD, DAVID 7920 ORIOLE ST. JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEALD, DAVID 7920 ORIOLE ST. JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing 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: 		1-10-07 904-765-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	