2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90006 014 ***150.00

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02042004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000044021

1. Entity Name
HEDDON SALES & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1831 FREDRICKSBURG AVE. LAKELAND, FL 33803	1831 FREDRICKSBURG AVE. LAKELAND, FL 33803

2. Principal Place of Business	3. Mailing Address
2970 EWELL ROAD	2970 EWELL ROAD
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: LAKELAND FL 33811	City & State: LAKELAND FL 33811
Zip: 33811 Country: U.S.	Zip: 33811 Country: U.S.

4. FEI Number: 59-3641106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEDDON, DAVID
1831 FREDRICKSBURG AVE.
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name: HEDDON, DAVID
Street Address (P.O. Box Number is Not Acceptable): 2970 EWELL ROAD
City: LAKELAND **FL** Zip Code: 33811

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 ______________________
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDDON, DAVID 1831 FREDRICKSBURG AVE. LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2970 EWELL ROAD LAKELAND, FLORIDA 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: [signature] 2-6-09 863-665-2186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #