## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State DOCUMENT # P01000029475 1. Entity Name 05-02-2005 90521 034 \*\*\*150.00 THE HEATON COMPANIES, INC. Principal Place of Business Mailing Address 2655 N OCEAN DR. 2655 N OCEAN DR. DUU45567 400 SINGER ISLAND, FL 33407 SINGER ISLAND, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1090074 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SBAR, MARIAN H Street Address (P.O. Box Number is Not Acceptable) 220 S FRANKLIN ST TAMPA, FL 33602 City Zip Code 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 tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition NAME HEATON, LINN D NAME 501te#130 STREET ADDRESS 2655 N OCEAN DR. #400 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HEATON, LEE W NAME NAME suite# 120 STREET ADDRESS 2655 N OCEAN DR. #400 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33407 CITY-ST-ZIP . \_ \_ \_ \_ BBLE--Delete --TIT1 F -- Addition HEATON, GEORGE W NAME NAME JUIL# 130 STREET ADDRESS 2655 N OCEAN DR., #400 STREET ADDRESS CITY-ST-ZIE SINGER ISLAND, FL 33407 CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmegt with an address, with all other like empowered. SIGNATURE:

**FILED**