

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 011 ***150.00

DOCUMENT # P01000047778

1. Entity Name
HEATH ELECTRIC, INC.



Principal Place of Business
342 CIR DRIVE WEST
ST AUGUSTINE, FL 32084

Mailing Address
342 CIR DRIVE WEST
ST AUGUSTINE, FL 32084

40047030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3715196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNELL, HENRY
2200 N PONCE DE LEON BLVD STE 10
ST AUGUSTINE, FL 32084

Name
O'Connell, Henry
Street Address (P.O. Box Number is Not Acceptable)
2825 Lewis Speedway
Suite 104
City *St Augustine* FL Zip Code *32084*

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, 2008 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
P
HEATH, THOMAS G
342 CIR DRIVE WEST
ST AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HEATH, IRIS I
342 CIR DR W
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08

Date

904-814-2564

Daytime Phone #