

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079061

Entity Name: HESHMAT CORP.

FILED  
Feb 08, 2005  
Secretary of State

## Current Principal Place of Business:

355 SE LLEWELLYN AVE  
LAKE CITY, FL 32055

## New Principal Place of Business:

355 SE LLEWELLYN AVE  
LAKE CITY, FL 32025

## Current Mailing Address:

355 SE LLEWELLYN AVE  
LAKE CITY, FL 32055

## New Mailing Address:

355 SE LLEWELLYN AVE  
LAKE CITY, FL 32025

FEI Number: 33-1020222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HESHMAT, SHAHRAM  
355 SE LLEWELLYN AVE  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

HESHMAT, SHAHRAM  
355 SE LLEWELLYN AVE  
LAKE CITY, FL 32025 US

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.

SIGNATURE: SHAHRAM HESHMAT

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HESHMAT, SHAHRAM  
Address: 5007 NW 69TH PLC  
City-St-Zip: GAINESVILLE, FL 32653

Title: V ( ) Delete  
Name: HESHMAT, SHAHRIAR  
Address: 7008 NW 50TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HESHMAT, SHAHRAM  
Address: 5007 NW 69TH PL  
City-St-Zip: GAINESVILLE, FL 32653

Title: V (X) Change ( ) Addition  
Name: HESHMAT, SHAHRIAR  
Address: 7008 NW 50TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAHRAM HESHMAT

P

02/08/2005

Electronic Signature of Signing Officer or Director

Date