

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092713

Entity Name: HEEKIN & HEEKIN, P.A.

FILED
Feb 16, 2004
Secretary of State

Current Principal Place of Business:

4540 SOUTHSIDE BLVD
STE 801
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4540 SOUTHSIDE BLVD
STE 801
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 06-1649049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, M. MARK ESQ
4540 SOUTHSIDE BLVD STE 801
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEEKIN, DAVID J
Address: 4540 SOUTHSIDE BLVD STE 801
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: HEEKIN, M. MARK
Address: 4540 SOUTHSIDE BLVD STE 801
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID J. HEEKIN

D

02/16/2004

Electronic Signature of Signing Officer or Director

_____ Date