

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000133896

1. Entity Name  
HEEUBANKS CONTRACT MFG. COMPANY



Principal Place of Business  
500 S DIXIE HWY E.  
POMPANO BEACH, FL 33060

Mailing Address  
500 S DIXIE HWY E.  
POMPANO BEACH, FL 33060



01172005 No.Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1433610

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EUBANKS, HAROLD E SR.  
2980 NW 24 AVE  
FORT LAUDERDALE, FL 33311

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	EUBANKS, HAROLD E SR.
STREET ADDRESS	2980 NW 24TH AVE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	EUBANKS, HAROLD E II.
STREET ADDRESS	2980 NW 24TH AVE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	EUBANKS, CATHERINE W
STREET ADDRESS	2980 NW 24TH AVE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000190278  
01/24/05-80130-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #