

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2005 08:00 AM Secretary of State

| DOCUMENT # P0300  |   |  |
|---|---|--|
| HEIGHTEN INVESTMENTS, I   |   |  |
| Principal Place of Business 322 4TH STREET ATLANTIC BEACH, FL 32233 | Mailing Address  322 4TH STREET  ATLANTIC BEACH, FL 32233 |  |



## DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-0798882 Applied For Not Applicable

5. Certificate of Status Desired

03072005

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

PORCELLI, III, ARTHUR R 322 4TH STREET ATLANTIC BEACH, FL 32233

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

|  | named entity submits this statement for the plons of registered agent. | urpose of changing its registered | office or re                   | egistered agent, or bo | th, in the State of Fiorida. I am familiar with, and accept |
|--|--|-----------------------------------|--------------------------------|------------------------|---|
| SIGNATURE  |  |                                   |                                |                        |   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.   |  | ing                               | \$5.00 May Be<br>Added to Fees |                        |   |
| 10.  | OFFICERS AND DIREC   | TORS                              |                                |                        | ······  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPST PORCELLI, III, ARTHUR R 322 4TH STREET ATLANTIC BEACH, FL 32233   |                                   | •                              |                        | U00000264354<br>03/16/05-80011-021 150.00                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                   |                                |                        | 03/16/05-80011-021 150.00                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <del>-</del> , <del></del>        |                                | DO                     | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                   |                                | IN <sup>-</sup>        | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | , <del>-</del>                    | ·                              |                        | •   |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |  | ** 1. 1 <sub>2</sub>              |                                |                        | •   |
| 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 of 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 attactment with an address, with all pither like empowered. |  |                                   |                                |                        |   |