

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90042 037 ***150.00

DOCUMENT # P03000060036

1. Entity Name

HEARN AND SONS STUCCO INC.



Principal Place of Business

P.O. BOX 15486
BROOKSVILLE FL 34604

Mailing Address

P.O. BOX 15486
BROOKSVILLE FL 34604

2. Principal Place of Business

Hernando County Florida

Suite, Apt. #, etc.
P.O. Box 15486

City & State

Brooksville Florida

Zip

34604

Country

Hernando

3. Mailing Address

P.O. Box 15486 Brooksville FL 34604

Suite, Apt. #, etc.
P.O. Box 15486

City & State

Brooksville Florida

Zip

34604

Country

Hernando



1st MOORE

CR2E034 (10/04)

4. FEI Number

05-0574250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEARN, ANDREW A
16180 TAMPA ST.
BROOKSVILLE FL 34604

7. Name and Address of New Registered Agent

Name

None

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HEARN, ANDREW A	
STREET ADDRESS	P.O. BOX 15486	
CITY-ST-ZIP	BROOKSVILLE FL 34604	

TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, JASON L	
STREET ADDRESS	P.O. BOX 15486	
CITY-ST-ZIP	BROOKSVILLE FL 34604	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Andrew A. Hearn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-05

Date

352-799-3633

Daytime Phone #