## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## FILED Feb 24, 2005 08:00 AM **DOCUMENT # P03000071278 Secretary of State** 1. Entity Name HEYN ENGINEERING INC. Principal Place of Business Mailing Address 10146 HALEY ROAD 10146 HALEY ROAD JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US No Chg-P 01062005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0060542 Not Applicable The first of the second of the \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HEYN, WILLIAM DO NOT WRITE 10146 HALEY ROAD JACKSONVILLE, FL 32257 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 Fiorida. 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 monature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HEYN, WILLIAM NAME 10146 HALEY ROAD STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP SPINSSOUND LINE 02/24/05-80028-005 150.00 TITLE NAME HEYN, DENISE D 10146 HALEY ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ertometicinalism útre mrekkamene tájan közáját ele jáldaszarin TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

904-571-3008