

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2008 08:00 AM
Secretary of State**

DOCUMENT # P03000117403

**1. Entity Name
HEYMAN INVESTMENTS, INC.**



**Principal Place of Business
16910 S. U.S. HWY 441
SUITE 203
SUMMERVILLE, FL 34491**

**Mailing Address
9286 SE 170TH FONTAINE STREET
THE VILLAGES, FL 32162**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
45-0525363**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**HEYMAN, NORMAN E
9286 SE 170TH FONTAINE STREET
THE VILLAGES, FL 32162**

**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 *Norman E. Heyman* **PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

01-08-08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**

**000000777420
01/10/08-80007-018 158.75**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME HEYMAN, NORMAN
STREET ADDRESS 9286 SE 170TH FONTAINE STREET
CITY-ST-ZIP THE VILLAGES, FL 32162**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Norman E. Heyman* **PRESIDENT** **01-08-08 352-347-8188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #