

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000126388

1. Entity Name
HEFLIN PLUMBING, INC.



Principal Place of Business
100 S LANIER
FT MEADE, FL 33841

Mailing Address
100 S LANIER
FT MEADE, FL 33841

**FILED
Apr 11, 2005 08:00 AM
Secretary of State**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0374059	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEFLIN, MICHAEL
100 S LANIER
FT MEADE, FL 33841

**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

000000298750
04/11/05-80081-019 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEFLIN, MICHAEL
STREET ADDRESS 100 S LANIER
CITY-ST-ZIP FT MEADE, FL 33841

TITLE VP
NAME HEFLIN, CONNIE
STREET ADDRESS 100 S LANIER
CITY-ST-ZIP FT MEADE, FL 33841

TITLE S
NAME SPIKER, JIMMY
STREET ADDRESS 100 S LANIER
CITY-ST-ZIP FT MEADE, FL 33841

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 it 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)

4-7-05

Date

Daytime Phone #