

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129517

FILED  
Mar 31, 2004  
Secretary of State

**Entity Name:** ACCIDENT/TRAUMA SCENE CLEANERS-ORLANDO, INC.

**Current Principal Place of Business:**

6350 BONNIE CT.  
ST. CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

6350 BONNIE CT.  
ST. CLOUD, FL 34771 US

**New Mailing Address:**

**FEI Number:** 20-0383513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEYWARD, GRATTAN  
6350 BONNIE CT.  
ST. CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HEYWARD, GRATTAN  
Address: 6350 BONNIE CT.  
City-St-Zip: ST. CLOUD, FL 34771 US

Title: VP ( ) Delete  
Name: HEYWARD, THOMAS III  
Address: 4267 48 AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: VP ( ) Delete  
Name: HEATH, JOHN  
Address: 4267 48 AVE SOUTH  
City-St-Zip: ST. PETESBURG, FL 33711 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GRATTAN HEYWARD

P

03/31/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date