


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132804	
1. Entity Name HE AIN'T HERE, INC.	

Principal Place of Business 759 S. FEDERAL HWY, SUITE 311 STUART, FL 34994	Mailing Address 759 S. FEDERAL HWY, SUITE 311 STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0419510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOSSACK, MARY U 759 S. FEDERAL HWY. SUITE 311 STUART, FL 34994
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOSSACK, EDGAR W 759 S. FEDERAL HWY, SUITE 311 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOSSACK, MARY U 759 S. FEDERAL HWY, SUITE 311 STUART, FL 34994
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**DO NOT WRITE
IN THIS SPACE**

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05/05/05-80114-002 300.00

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: <u>Mary U Kossack, MARY U. KOSSACK</u>	Date <u>4/30/05</u>	Daytime Phone # <u>772-463-2521</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		