

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90014 043 ***150.00

DOCUMENT # P03000134044

1. Entity Name
KEVIN HEISHMAN, INC.



Principal Place of Business
**4004 NATCHEZ TRACE
ST. CLOUD, FL 34769**

Mailing Address
**4004 NATCHEZ TRACE
ST. CLOUD, FL 34769**



2. Principal Place of Business

318 Connecticut Ave
Suite, Apt. #, etc.

3. Mailing Address

318 Connecticut Ave
Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State
St. Cloud FL

City & State
St. Cloud FL

4. FEI Number
20-0400128

Applied For
Not Applicable

Zip
34769

Country
OSCEOLA

Zip
34769

Country
OSCEOLA

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

6. Name and Address of Current Registered Agent

**HEISHMAN, KEVIN
4004 NATCHEZ TRACE
ST. CLOUD, FL 34769**

7. Name and Address of New Registered Agent

Name **Kevin Heishman**

Street Address (P.O. Box Number is Not Acceptable)

318 Connecticut Ave

City **St. Cloud**

FL

Zip Code **34769**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HEISHMAN, KEVIN**
STREET ADDRESS **4004 NATCHEZ TRACE**
CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kevin Heishman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 26.06 321-624-5441
Date Daytime Phone #