


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90042 001 \*\*\*136.00  
08-16-2005 90042 002 \*\*\*\*14.00

**DOCUMENT # P03000136110**

1. Entity Name  
**GARRY HEFLER CONSTRUCTION INC.**



Principal Place of Business  
**722 BRASSIE LANE  
KISSIMMEE, FL 34759**

Mailing Address  
**722 BRASSIE LANE  
KISSIMMEE, FL 34759**

*We are mobile dont work from home*

2. Principal Place of Business  
*mobile / Poinciana*

3. Mailing Address  
*722 Brassie lane*

Suite, Apt. #, etc.

City & State  
*Kissimmee FL*

Zip  
*34759*

Country  
*Polk*



05122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**43-2036071**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HEFLER, GARRY  
722 BRASSIE LANE  
OAK HILL, FL 32759**

7. Name and Address of New Registered Agent

Name  
*Garry Hefler*

Street Address (P.O. Box Number is Not Acceptable)  
*722 Brassie lane*

City  
*Kissimmee*

FL

Zip Code  
*34759*

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]* DATE *6-15-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA BALLEY, SONJA J 722 BRASSIE LANE KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA Garry Hefler 722 Brassie lane Kissimmee, FL 34759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO HEFLER, GARRY 722 BRASSIE LANE KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Garry Hefler " " " " <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>10% Shareh</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>10% shareholder</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Garry Callaghan</i> <i>2784 Fallingtree circle</i> <i>Orlando, Florida 32837</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE *6-15-05* DAYTIME PHONE # *(321) 261-0496*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR