


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90039 024 \*\*\*150.00

**DOCUMENT # P03000146776**

1. Entity Name  
**HIERS MAINTENANCE & WELDING SERVICE, INC.**



Principal Place of Business  
**4909 N. US HIGHWAY 1  
 # 533  
 COCOA FL 32927  
 US**

Mailing Address  
**6980 ASH DRIVE  
 COCOA FL 32927  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3517  
 BENSON CT**

Suite, Apt. #, etc.


City & State  
**Mims FL**

City & State  
**Mims FL**

Zip  
**32754**

Country  
**U.S.**

**20031477**



1st MOORE CR2E034 (10/04)

4. FEI Number **84-1631600** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HIERS, TROY N  
 6980 ASH DRIVE  
 COCOA FL 32927**

7. Name and Address of New Registered Agent  
 Name **HIERS TROY N**  
 Street Address (P.O. Box Number Is Not Acceptable) **3517**  
**BENSON CT**  
 City **Mims** FL Zip Code **32754**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b> <b>HIERS, TROY N</b> <b>6980 ASH DRIVE</b> <b>COCOA FL 32927</b> <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
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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: Troy N Hiers **TROY HIERS** 2/7/05 321-637-0899  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #