

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-07-2005 90030 047 ***150.00

DOCUMENT # P04000039791					
1. Entity Name THE HEBRIDEAN COMPANY, INC.					
Principal Place of Business 1166 WHIPWATCH DRIVE E SHIPWATCH DR E JACKSONVILLE, FL 32225			Mailing Address 1166 WHIPWATCH DRIVE E JACKSONVILLE, FL 32225		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, PAUL 1166 WHIPWATCH DRIVE E SHIPWATCH DR E JACKSONVILLE, FL 32225			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST PHILLIPS, PAUL 1166 WHIPWATCH DRIVE E SHIPWATCH DR E JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANA B PHILLIPS 1166 SHIPWATCH DR E JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANA B. PHILLIPS 1166 SHIPWATCH DR E		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>JANA B PHILLIPS</i>			4-3-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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03282005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0764786** Applied For ☐ Not Applicable ☒

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