

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90558 045 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000089320			
1. Entity Name HEATHER JENNINGS, INC.			
Principal Place of Business 9706 NE 108TH AVENUE GAINESVILLE, FL 32609		Mailing Address 9706 NE 108TH AVENUE GAINESVILLE, FL 32609	
2. Principal Place of Business		B. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Name and Address of Current Registered Agent DRUMMOND, DONALD L EA 103 EDWARDS ROAD STARKE, FL 32091		7. Name and Address of New Registered Agent 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 _____ (Signature based on printed name of registered agent and state of residence. (NOT: registered agent sign state return and other nonbinding) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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-STATE-ZIP	P JENNINGS, HEATHER 9706 NE 108TH AVENUE GAINESVILLE, FL 32609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MCGINNIS, PHILLIP M 9706 NE 108TH AVENUE GAINESVILLE, FL 32609 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP WALTERS, FRED 9706 NE 108TH AVENUE GAINESVILLE, FL 32609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S HUDDLESTON, DANIEL Z 9706 NE 108TH AVENUE GAINESVILLE, FL 32609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information provided 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 person or persons 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 attached exhibit, if address, title or other has been empowered.			
SIGNATURE _____ (Signature and typed or printed name of officer or director)		4.28.05 352373.9744 Date Date of Filing	

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04272005 Chg-P CP2E034 (10/03)

4. FEE Number **20-1185289** Applied For
Not Applicable8. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**