

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-19-2007 90094 017 ***150.00

**2007 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	
DO NOT WRITE IN THIS SPACE			
		 01222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1185289	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, DONALD L EA 103 EDWARDS ROAD STARKE, FL 32091		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	JENNINGS, HEATHER		
STREET ADDRESS	9706 NE 108TH AVENUE		
CITY - ST - ZIP	GAINESVILLE, FL 32609		
TITLE	VP		
NAME	WALTERS, PRED		
STREET ADDRESS	9706 NE 108TH AVENUE		
CITY - ST - ZIP	GAINESVILLE, FL 32609		
TITLE	S		
NAME	HUDDLESTON, DANIEL Z		
STREET ADDRESS	9706 NE 108TH AVENUE		
CITY - ST - ZIP	GAINESVILLE, FL 32609		
TITLE	VP		
NAME	BYRD, RONALD M		
STREET ADDRESS	9706 NE 108TH AVENUE		
CITY - ST - ZIP	GAINESVILLE, FL 32609		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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:  Heather Jennings		3/29/07 352-373-9744	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	