

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-08-2005 90176 001 ***150.00

DOCUMENT # P04000167437 1. Entity Name HESLEP, INC.			
Principal Place of Business 1407 LAKESHORE DRIVE CASSELBERRY, FL 32707		Mailing Address 1407 LAKESHORE DRIVE CASSELBERRY, FL 32707	
2. Principal Place of Business <i>SAME as Above</i> Suite, Apt. #, etc.		3. Mailing Address <i>SAME as Above</i> Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HESLEP, IAN W 1407 LAKESHORE DRIVE CASSELBERRY, FL 32707		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 <i>[Signature]</i> DATE 3/2/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when naming)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contributor ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME HESLEP, IAN W ☐ Delete STREET ADDRESS 1407 LAKESHORE DRIVE CITY- ST- ZIP CASSELBERRY, FL 32707	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
TITLE _____ ☐ Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	TITLE _____ ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____		
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 637, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/2/05 228-6789 Daytime Phone #	

66010072



02082005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3788160** Applied For ☐ Not Applicable ☐

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