



2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-14-2007 90053 040 ***150.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # P06000083345 1. Entity Name HEARTHSTONE - MLC, INC. | | | |  | |
| Principal Place of Business 13400 SUTTON PARK DRIVE STE 1402 JACKSONVILLE, FL 32224 | | | Mailing Address 13400 SUTTON PARK DRIVE STE 1402 JACKSONVILLE, FL 32224 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent MONTGOMERY, MITCHELL R 13400 SUTTON PARK DRIVE STE 1402 JACKSONVILLE, FL 32224 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 registering) DATE _____ | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONTGOMERY, MITCHELL R 13400 SUTTON PARK DRIVE STE 1402 JACKSONVILLE, FL 32224 <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 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:  | | | Date 2-12-07 (804) 821-7171 | | |

66004261



02082007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5046353** Applied For Not Applicable

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

FL Zip Code