2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000083345

1. Entity Name
HEARTHSTONE - MLC, INC.

Principal Place of Business	Mailing Address
13400 SUTTON PARK DRIVE STE 1402 JACKSONVILLE, FL 32224	13400 SUTTON PARK DRIVE STE 1402 JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

02122008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-5046353	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R
13400 SUTTON PARK DRIVE STE 1402
JACKSONVILLE, FL 32224

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
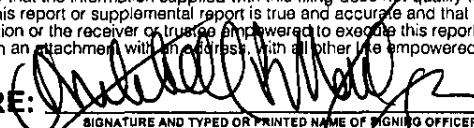
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000838394
03/05/08-80027-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTGOMERY, MITCHELL R
STREET ADDRESS	13400 SUTTON PARK DRIVE STE 1402
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	
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CITY-ST-ZIP	

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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: _____   2-12-08   (904) 821-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #