


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90034 013 \*\*\*150.00

**DOCUMENT # P06000087076**

1. Entity Name  
**H.E.A.T. SERVICES, INC.**



Principal Place of Business  
**1313 RHODE ISLAND AVE.  
 LYNN HAVEN, FL 32444**

Mailing Address  
**1313 RHODE ISLAND AVE.  
 LYNN HAVEN, FL 32444**



2. Principal Place of Business - No P.O. Box #  
**1828 WEST 27TH ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 249**  
 Suite, Apt. #, etc.

08232007 Chg-P CR2E034 (12/06)

City & State  
**PANAMA CITY, FL**

City & State  
**LYNN HAVEN, FL**

Zip  
**32405** Country  
**USA**

Zip  
**32444** Country  
**USA**

4. FEI Number  
**87-0775682** Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**MEWBOURNE, ANDREW K. SR.  
 1313 RHODE ISLAND AVE.  
 LYNN HAVEN, FL 32444**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1828 WEST 27TH ST**  
 City **PANAMA CITY, FL** Zip Code **32405**

9. 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 Andrew K Mewbourne Sr DATE August 21, 2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MEWBOURNE, ANDREW K. SR. 1313 RHODE ISLAND AVE. LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAAS, CINDY 1313 RHODE ISLAND AVE. LYNN HAVEN, FL 32444 <input checked="" 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: Andrew K Mewbourne Sr ANDREW K. MEWBOURNE SR Date 8/21/07 (850) 819-1575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR