## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2008 8:00 am Secretary of State 03-17-2008 90007 024 \*\*\*150.00

DOCUMENT # P07000128286  1. Entity Name HEPA ONE INC.						03-17-200	08 90007	024 ***	150.00
Principal Place of Business 1414 EDMISTON CT. AUBURNDALE, FL 33823		Mailing Address 1414 EDMISTON CT. AUBURNDALE, FL 33823		-					
Principal Place of Business - No P.O. Box # 3. Mailing Address			··· , ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numb	°-1334	159		plied For LApplicable
Zip	Country	Zip	Count	гу	5. Centricate	of Status Desired		8.75 Addi	itional
	6. Name and Address of Currer	nt Registered Agent	-1	Name	7. Name and	Address of New	Registered A	gent	
HORNE, BO	STON CT.			Street Address (P.O. Box Number is Not Acceptable)					
AUBURND	ALE, FL-33823	-	-						
				City			FL	Zip Code	
the obligati	named finity submits this statement ons of registered agent.  DOWN Signeurs, typed or firmed hence of receivers of			n Agent stymbum max		4-1	)-08 DATE	urancar witch,	
Fili After Ma	E NOWIII FEE IS \$150.00 by 1, 2008 Fee will be \$550	9. Election Camp Trust Fund Co.		ncing \$	5.00 May Be dded to Fees				
10.	OFFICERS AN	ID DIRECTORS	11.	, ,	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
MAME STREET ADDRESS CITY-ST-ZIP	HORNE, BOYCE JR P.O. BOX 1480 WINTER HAVEN, FL 33882	i ueste	NAM STRE					C. comme	_ Addison
THLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNE, DANEASE P.O. BOX 1480 WINTER HAVEN, FL 33882	Deliate		_				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORNE, TESS P.O. BOX 1480 WINTER HAVEN, FL 33882	☐ Deinte		- 1				Change	Addition
TITLE PLAME STREET ADDRESS CITY-ST-ZIP	T HORNE, TYLER P.O. BOX 1480 WINTER HAVEN, FL 33882	☐ Deleta	- 4	1				Change	Addition
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		☐ Delote						Change	Addition
TITLE MAINE STREET ACCINESS CITY-ST-ZIP		□ Ociete						Change	☐ Addition
12. I hereby indicated of the co-	certify that the information supplied of on this report or supplemental reporporation or the receiver or trustee er to or an attachment with an address	with this liting does not qualify it is true and accurate and that inpowered to execute this repo- is, with all other like empoyers	for the ex at my signa ort as requ ed.	emptions containure shall have the shall have the shall have the shall have the shall be contained by Chapter and the shall be sh	ned in Chapter 11 he same legat effe 607, Florida Statu	19, Florida Statutes act as if made unde tes; and that my na	I further certi r cath; that I a me appears in	fy that the in m an officer Block 10 or	dormation or director r Block 11 if
SIGNAT	TURE: 1) and TYPED	DE PREVIOUS MAJE OF SIGNING OF FIC	ER ON DIREC	TOT	4-7-	<u>08</u>	Da Da	rytime Phone a	

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Annua		Online Filing			
Document		00128286			
FEI Numbe		-	Not Applicable		
	of Status Desired		• •		
Election Ca	ampaign Financin	g Trust Fund Contributio	n Yes No		
Principa	l Place of Bu	siness			
Address		mmerce Ct.	(PO Box not acce	ptable)	
Suite, Apt. City, State		Haven F	9		
_	Country 33880	, 1 ·	• .		
Mailing A	Address				
if your mail your mailin	ing address is the	e same as the principal ac	idress above, please check	the box below. Otherwise,	enter
☐ Mailing	address same as	principal address			
Address	PQ Box	1480			
Suite, Apt.	#, etc.	e de deservición de la companya de l			
City, State	Winter	Haven , F	L		
	Country 33882				
Name A	nd Address o	of Registered Agent	<u>t</u>		
Name (Las	t, First, Middle, Ti - OR -	tie) HORNE B	OYCE JR		
Business t	o serve as RA		or and some some		
Street Add	ress in Florida	1414 EDMISTON CT.	(PO I	Box not acceptable)	
Suite, Apt.	#, etc.	v + <del>v</del> <del></del> <del></del>	•		
City, State		AUBURNDALE	, FL		
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ATTACHMENT 66006345

		_,			PROUT
Zip Code & Country	33823	us =	=PO	70	ONH
If there is a change in registered age Signature' block below to accept the name. If the RA is a business entity, its own RA.	designation of	f registered ag	ent. RA signature	must be a	n individual
Registered Agent Signature	Воус	B. Horne Jr	:		_
This signature must be that of the the full knowledge and permissions.831.08, Florida Statutes.					
Officer/Director Name	And Addi	ress			
Name And Address #1					
Title	P				
Name (Last, First, Middle, Title	) н	ORNE	BOYCE	i	, ,JR
Entity Name to serve as Office	r/Director	-			
Street Address	1	414 Edmisto	n Ct.		
City, State	Ã	ubumdale		, FL	
Zip Code & Country	3	3823			
Name And Address #2					
Title	V	P			
Name (Last, First, Middle, Title	) н	ORNE	DANEASI	Ε,	. ,
- OR -		•			
Entity Name to serve as Office	r/Director				
Street Address	1-	414 Edmistor	n Ct.	-	
City, State	À	ubumdale		, FL	
ZIp Code & Country	3	3823			
Name And Address #3					
Title	s	,			
Name (Last, First, Middle, Title	) н	ORNE	, TESS		
Entity Name to serve as Office	r/Director				

1414 Edmiston Ct.

Auburndale

33823

, FL

Street Address

Zip Code & Country

City, State

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Name And Address #4	77	DAT	11111	O.
Title	T		0000	8 Ø
Name (Last, First, Middle, Title)	HORNE	TYLER		
- <b>OR -</b>	•			
Entity Name to serve as Officer/Direction	ctor			
Street Address	1414 Edmiston	Ct.		
City, State	Auburndale		, FL	
Zip Code & Country	33823			
Name And Address #5				
Name (Last, First, Middle, Title)	•	•	, ,	
- OR -				
Entity Name to serve as Officer/Dire	ctor			
Street Address				
City, State			•	
Zip Code & Country	-			
Name And Address #6				
Title				
Name (Last, First, Middle, Title) - OR -		•		
Entity Name to serve as Officer/Dire	ctor		-	
Street Address				
City, State	-			
Zip Code & Country	-		•	
An individual named above or an individual in the 'Officer/Director Signature' block below	i signing on behalf of an	entity named abo	ove must type their name is block.	
	Pres		ł	
Officer/Director Signature	Boyce B. Home Jr.			
This signature must be that of the indi- the full knowledge and permission of to s.831.06, Florida Statutes. The individual herein are true.	he individual, otherwis	se it constitutes:	forgery under	

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