


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90034 031 \*\*\*150.00

<b>DOCUMENT # P07907</b> 1. Entity Name <b>HEAT PRODUCTS, INC.</b>					
Principal Place <b>F.R. McShane</b> <b>Heat Product's</b> ROUTE 13, BOX 256 LAKE CITY, FL 32055-9003				365 N.W. Fairway Drive Lake City, 32055-9003	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 36-2844963		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>F.R. McShane</b> <b>Heat Product's</b>  <b>365 N.W. Fairway Drive</b> <b>Lake City, 32055-9003</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. <b>F.R. McShane + Lucille</b> <b>Heat Product's</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>365 N.W. Fairway Drive</b> <b>Lake City, 32055-9003</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MC SHANE, PATRICK J</b> <b>ROUTE 13 BOX 256</b> <b>LAKE CITY, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP</b> <b>MC SHANE, LUCILLE C</b> <b>ROUTE 13 BOX 256</b> <b>LAKE CITY, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Patrick J. &amp; Sandra L. McShane</b> <b>Rt # 14 Box 250-A</b> <b>Lake City, Florida 32024</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE:</b> <i>FRANK R. McShane</i> <b>FRANK R. McSHANE</b> 386 75-5097 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 01/29/04 Daytime Phone #</small>					