

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90027 041 ***150.00

DOCUMENT # P07907

1. Entity Name
HEAT PRODUCTS, INC.



Principal Place of Business
F.R.MCSHANE HEAT PRODUCTS
365 N.W. FAIRWAY DRIVE
LAKE CITY, FL 32055-9003 US

Mailing Address
F.R.MCSHANE HEAT PRODUCTS
365 N.W. FAIRWAY DRIVE
LAKE CITY, FL 32055-9003 US

50007560



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2844963

Applied For
Not Applicable

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

**MEME
SIGN**

Address of Current Registered Agent

MCSHANE, LUCILLE
F.R.MCSHANE HEAT PRODUCTS
365 N.W. FAIRWAY DRIVE
LAKE CITY, FL 32055-9003

**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

Sean R McShane

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/20/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCSHANE, LUCILLE
STREET ADDRESS	365 N.W. FAIRWAY DRIVE
CITY-ST-ZIP	LAKE CITY, FL 320559003
TITLE	STD
NAME	MC SHANE, PATRICK J
STREET ADDRESS	RT #14 BOX 250-A
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**SIGN
HERE**

**DO NOT WRITE
IN THIS SPACE**

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, a 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:

Sean R McShane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/05

Date

Daytime Phone #