

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**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**



01102007 No Chg-P CR2E034 (11/05)

**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**

**6. Name and Address of Current Registered Agent**

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

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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)

01/24/07 80014 017 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** FRANK R McShane FRANK R McShane 01/19/07 36-2844963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #