

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2004 90045 016 ***150.00

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01052004 Chg-P CR2E034 (10/03)

DOCUMENT # P92000013365			
1. Entity Name HEG CORP.			
Principal Place of Business 1415 SOUTH FEDERAL HWY BOYNTON BEACH, FL 33435		Mailing Address P.O. BOX 14870 AKRON, OH 44321	
2. Principal Place of Business 1481 W 15th Street Suite, Apt. #, etc.		3. Mailing Address NO Change Suite, Apt. #, etc.	
City & State Riviera Beach, FL		City & State	
Zip 33404	Country USA	Zip	Country
4. FEI Number 65-0378406		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VLASSIS, DENNIS 1415 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name: Dennis Vlassis Street Address (P.O. Box Number is Not Acceptable) 1481 W 15th Street City: Riviera Beach FL Zip Code: 33404	
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: <i>Dennis Vlassis</i> DATE: 1-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVES, S. KEITH 1315 CLEVELAND-MASSILLON ROAD AKRON, OH 44321 <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
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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.			
SIGNATURE: <i>S. Keith Graves</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		S. Keith Graves Date: 1/29/04 Daytime Phone #: 330-666-1115	