

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90023 044 \*\*\*150.00

**DOCUMENT # P93000046303**

1. Entity Name  
**HETHERMAN/DESIGN CONSTRUCTION CORPORATION**



Principal Place of Business  
**319 S. DILLARD ST.  
WINTER GARDEN, FL 34787**

Mailing Address  
**319 S. DILLARD ST.  
WINTER GARDEN, FL 34787**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3196331**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**HETHERMAN, PETER E  
319 S. DILLARD ST.  
WINTER GARDEN, FL 34787**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	HETHERMAN, PETER E	
STREET ADDRESS	8019 HOOK CIR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HETHERMAN, THOMAS	
STREET ADDRESS	386 N BOYD ST	
CITY-ST-ZIP	WINTER GARDEN, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HETHERMAN, IRENE	
STREET ADDRESS	8019 HOOK CIR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HETHERMAN, KATHLEEN	
STREET ADDRESS	8019 HOOK CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER E HETHERMAN	
STREET ADDRESS	319 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/04

Date

407 656 9888

Daytime Phone #