

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04082004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3196331 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

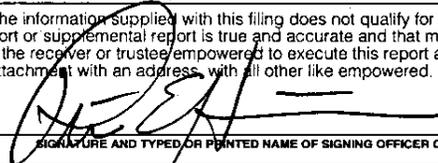
10. OFFICERS AND DIRECTORS

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		

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:  Date: **4/08/04** Daytime Phone #: **407 656 9888**