


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P93000069131 1. Entity Name HEECO EURO, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 5450 W. CRENSHAW STREET TAMPA FL 33634 US | Mailing Address PO BOX 9279 TAMPA FL 33674 US |
|---|---|



1st MOORE CR2E034 (10/04)

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 59-3227155 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Applied For Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | Zip |
| | | Country |

6. Name and Address of Current Registered Agent

**OTTE, ALAN H
13604 PUB PLACE
TAMPA FL 33624**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May 2 Added to Fees**

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-------------------------|---------------------------------|
| TITLE | DP MIHALCIN, E R | <input type="checkbox"/> |
| NAME | 7605 EGYPT LAKE DRIVE | |
| STREET ADDRESS | TAMPA FL 33614 | |
| CITY - ST - ZIP | | |
| TITLE | ST MIHALCIN, PHYLLIS | <input type="checkbox"/> |
| NAME | 7605 EGYPT LAKE DR. | |
| STREET ADDRESS | TAMPA FL | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---------------------------|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | 100000289539 | | |
| STREET ADDRESS | 04/06/05-80030-009 150.00 | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis Mihalcin* *Phyllis Mihalcin* 2-21-05 813-886-7584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #