

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082354

Entity Name: HERON HOUSE INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

2270 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 65-0454730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKPATRICK, JOHN R
2270 S. MCCALL RD.
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KIRKPATRICK, JOHN R
Address: 16110 SUNSET PINES CIRCLE PO BOX 2
City-St-Zip: BOCA GRANDE, FL 33921

Title: ST () Delete
Name: KIRKPATRICK, DIANNE
Address: 16110 SUNSET PINES CIRCLE PO BOX 2
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. KIRKPATRICK

PST

01/07/2005

Electronic Signature of Signing Officer or Director

Date