## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Feb 03, 2004 08:00 AM Secretary of State

1. Entity Name HEOTZLER ENTERPRISE, INC.



Principal Place of Business 3921 RIDGEWOOD AVE. PORT ORANGE, FL 32129 Mailing Address

3921 RIDGEWOOD AVE. PORT ORANGE, FL 32129



01292004

No Chg-P

CR2E034 (10/03)

	60 75
59-3212835	Not Applicable
. FEI Number	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEOTZLER, RALPH 3921 RIDGEWOOD AVE. PORT ORANGE, FL 32129

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8. The above the obligation	e named entity submits this statement for the patients of registered agent.	ourpose of changing its regis	stered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title	d applicable. (NOTE, Regio	stored Agent argusture required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.66 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Fi Trust Fund Contribution</li> </ol>		
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZP	D HEOTZLER, RALPH 3921 RIDGEWOOD AVE, PORT ORANGE, FL 32119			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEOTZLER, TAMMY 3921 RIDGEWOOD AVE. PORT ORANGE, FL 32119			e2/04/04/90093-015 ISD.DD
TITLE NAME STREET ADDRESS CRY-ST-ZIP			DO	NOT WRITE
ntle Name Street address Sty-St-17			N	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true a	ling does not qualify for the earn accurate and that my sig	exemption stated in Section 119,07(3)( mature shall have the same legal effective	3), Florida Statules, I further certify that the information it as if made under oath, that I am an officer or director

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 of 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

1-30-04 38

386 767 300s