


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jan 10, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000012543 1. Entity Name HERON ELECTRIC, INC.	
---	---

Principal Place of Business 4708 W CONCORD AVE ORLANDO, FL 32808-8124 US	Mailing Address 4708 W CONCORD AVE ORLANDO, FL 32808-8124 US
--	--



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HERON, DERRICK A 4708 W CONCORD AVE ORLANDO, FL 32808-8124	DO NOT WRITE IN THIS SPACE
---	----------------------------

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<p>U00000175595 01/10/05-80055-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERON, DERRICK A 4708 W CONCORD AVE ORLANDO, FL 328088124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERON, ROSEMARIE 4708 W CONCORD AVE ORLANDO, FL 328088124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: Rose Marie Heron 1-5-2005 407-296-2580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #