

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90366 027 ***158.75

DOCUMENT # P94000028237

1. Entity Name
HETCO, INCORPORATED



Principal Place of Business
5801 ROLLING ROAD
SPRINGFIELD, VA 22152

Mailing Address
5801 ROLLING ROAD
SPRINGFIELD, VA 22152

40050698



2. Principal Place of Business

3. Mailing Address

03242006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3242673

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARE, DIANE C CPA
2589 JENKS AVE
PANAMA CITY, FL 32405

Name
Kenneth Morrisette

Street Address (P.O. Box Number is Not Acceptable)
103 Vintage Isle Lane

City
Palm Beach Gardens

FL

Zip Code
33418

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

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

Kenneth Morrisette

3/24/06

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HAMM, TOMMY S 345 WEST 14TH STREET PANAMA CITY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMM, TOMMY J 345 W 14TH STREET PANAMA CITY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Arthur E. Morrisette, Jr. 5801 Rolling Road Springfield, VA 22152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AST S/D Kenneth Morrisette 5801 Rolling Road Springfield, VA 22152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Clara M Morrisette 5801 Rolling Road Springfield, VA 22152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S John D Morrisette 5801 Rolling Road Springfield, VA 22152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Donald J Morrisette 5801 Rolling Road Springfield, VA 22152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Arthur E. Morrisette, IV 5801 Rolling Road Springfield, VA 22152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Kenneth Morrisette, Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06

703-569-2121

ATTACHMENT

40050698

Hetco, Inc.

Document #: P95000028237

Year 2006 Additional Directors/Officers

Director
Robert T S Colby
117 N. Fairfax Street
Alexandria, VA 22314