

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90362 045 ***150.00

40085383



04232008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0493438** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEATON, GEORGE W
2655 N OCEAN DR #310
SINGER ISLAND, FL 33404

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATON, LINN	
STREET ADDRESS	3540 FOREST HILL BLVD #203	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATON, LEE	
STREET ADDRESS	3540 FOREST HILL BLVD #203	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DENTRY, DEBORAH	
STREET ADDRESS	3540 FOREST HILL BLVD #203	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEATON, GEORGE W	
STREET ADDRESS	2655 N OCEAN 310	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 NW 12th St	
CITY-ST-ZIP	Delray Beach FL 33414	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	214 Ascot Road	
CITY-ST-ZIP	Juno Beach FL 33408	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	465 Derrick Lane	
CITY-ST-ZIP	Greenville, TN 37743	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Deborah A Dentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah A Dentry
Vice President

4/23/08

Date

5014334810

Daytime Phone #