


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000004191	
1. Entity Name THE HEPBURN CONSTRUCTION AND RENTAL COMPANY, INC.	

Principal Place of Business 517 N.W. 7TH COURT HALLANDALE, FL 33009 US	Mailing Address P.O. BOX 254 HALLANDALE, FL 33008-254 US
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DO NOT WRITE IN THIS SPACE

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07232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0536342	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 HEPBURN-SAFFORD, FLORINA 3851 NW 7TH PLACE FT. LAUDERDALE, FL 33311	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEPBURN, AUSTIN R SR. 721 NORTHWEST 4TH STREET HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN, REMILDA L 517 NORTHWEST 7TH COURT HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN-STRAFFORD, FLORINA 3851 N.W. 7TH PLACE FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN-MOBLEY, EUNICE 738 N.W. 3RD COURT HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN, MCPHERSON, KATHERINE 413 SW 6TH AVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000171295
08/31/04-80001-016 150.00

U00000171295 A.H.
08/31/04-80001-016 550.00

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: 	FLORINA SAFFORD	7/5/04	954-224-5264	954-587-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	