

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 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**

DO NOT WRITE IN THIS SPACE

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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0536342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEPBURN-SAFFORLD, FLORINA
3851 NW 7TH PLACE
FT. LAUDERDALE, FL 33311**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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-STRAFFORLD, 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	

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05/02/05-80001-023 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

954-582-4433

Date

Daytime Phone #