


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90038 048 ***150.00

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

Principal Place of Business POB 120091 FORT LAUDERDALE, FL 33312 US	Mailing Address P.O. BOX 254 HALLANDALE, FL 33008-254 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0536342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN, AUSTIN R SR.	NAME	
STREET ADDRESS	721 NORTHWEST 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN, REMILDA L	NAME	
STREET ADDRESS	517 NORTHWEST 7TH COURT	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN-STRAFFORLD, FLORINA	NAME	President
STREET ADDRESS	3851 N.W. 7TH PLACE	STREET ADDRESS	FLORINA H. SAFFORLD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	CITY-ST-ZIP	3851 NW 7th Place - Ft. Lauderdale, FL 33311
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN-MOBLEY, EUNICE	NAME	Vice Pres. - Treas.
STREET ADDRESS	738 N.W. 3RD COURT	STREET ADDRESS	Eunice Mobley
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	505 NW 7th Ct #1 Hallandale, FL 33008
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN, MCPHERSON, KATHERINE	NAME	
STREET ADDRESS	413 SW 6TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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: <i>Florina H. Safford</i>	Signature and typed or printed name of signing officer or director	Date: <i>2/1/07</i>	Daytime Phone #: <i>954 224-5264</i>
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