

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087059

FILED
Feb 11, 2009
Secretary of State

Entity Name: HETCO VAN LINES, INCORPORATED

Current Principal Place of Business:

5801 ROLLING RD
SPRINGFIELD, VA 22152

New Principal Place of Business:

Current Mailing Address:

5801 ROLLING RD
SPRINGFIELD, VA 22152

New Mailing Address:

FEI Number: 59-3347775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISSETTE, KENNETH
103 VINTAGE ISLE LANE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: MORRISSETTE, ARTHUR E JR.
Address: 5801 ROLLING ROAD
City-St-Zip: SPRINGFIELD, VA 22152

Title: PD () Delete
Name: MORRISSETTE, JOHN D
Address: 5801 ROLLING ROAD
City-St-Zip: SPRINGFIELD, VA 22152

Title: D () Delete
Name: COLBY, ROBERT S
Address: 117 N FAIRFAX ST
City-St-Zip: ALEXANDRIA, VA 22314

Title: VD () Delete
Name: MORRISSETTE, KENNETH
Address: 5801 ROLLING ROAD
City-St-Zip: SPRINGFIELD, VA 22152

Title: VSD () Delete
Name: MORRISSETTE, DONALD J
Address: 5801 ROLLING ROAD
City-St-Zip: SPRINGFIELD, VA 22152

Title: D () Delete
Name: LARKIN, MICHAEL
Address: 5801 ROLLING ROAD
City-St-Zip: SPRINGFIELD, VA 22152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LARKIN

D

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date