2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90032 013 ***150.00

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DOCUMENT # P96000068470

1. Entity Name
HEC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
300 DUNBAR SUITE 100 OLDSMAR, FL 34677	300 DUNBAR SUITE 100 OLDSMAR, FL 34677

03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
321 SHEFFIELD CIRCLE E		321 SHEFFIELD CIRCLE E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PALM HARBOR, FL		City & State: PALM HARBOR, FL	
Zip: 34683	Country: PINELLAS	Zip: 34683	Country: PINELLAS

4. FEI Number: 59-3394612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTIANS, HOWARD 300 DUNBAR SUITE 100 OLDSMAR, FL 34677	Name: HOWARD CHRISTIANS Street Address (P.O. Box Number is Not Acceptable): 321 SHEFFIELD CIRCLE E City: PALM HARBOR FL Zip Code: 34683

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: Howard E Christians — 4/1/04
(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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHRISTIANS, HOWARD		NAME	
STREET ADDRESS	300 DUNBAR, SUITE 100		STREET ADDRESS	321 SHEFFIELD CIRCLE E
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHRISTIANS, WENDY S		NAME	
STREET ADDRESS	300 DUNBAR, SUITE 100		STREET ADDRESS	321 SHEFFIELD CIRCLE E
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: Howard E Christians — 4/1/04 — 727 785 3962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #