

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90163 043 \*\*\*150.00

**DOCUMENT # P96000100534**

1. Entity Name  
**HEARTHSTONE, INC.**



Principal Place of Business  
**6602 WINDING BROOK DRIVE SUITE B  
NEW PORT RICHEY, FL 34655**

Mailing Address  
**6602 WINDING BROOK DRIVE SUITE B  
NEW PORT RICHEY, FL 34655**

**40027958**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

02042005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3415820**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**AGETT, A. JAMES  
6602 WINDING BROOK DRIVE SUITE B  
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent  
Name **WENDY CORLETT**  
Street Address (P.O. Box Number is Not Acceptable) **202 CRYSTAL GROVE BLVD.**  
City **LUTZ** FL Zip Code **33548**

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 *Wendy Corlett* DATE **2/4/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AGETT, A. JAMES 6602 WINDING BROOK DRIVE SUITE B NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VENA, MICHAEL L 6602 WINDING BROOK DR, STE B NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael Vena* DATE **03/04/05** (727) 946-1317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR