

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-23-2005 90081 016 ***150.00

DOCUMENT # P98000033329					
1. Entity Name HEILER PROPERTIES, INC					
Principal Place of Business 7602-4 CONGRESS STREET NEW PORT RICHEY FL 34653			Mailing Address 7602-4 CONGRESS STREET NEW PORT RICHEY FL 34653		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3511171	
Zip		Country		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			
HEILER, SCOTT Heiler, Scott 7602 4 CONGRESS ST NEW PORT RICHEY FL 34653		Name Heiler Properties, Inc Street Address (P.O. Box Number is Not Acceptable) 7602-4 Congress St City New Port Richey FL Zip Code 34653			
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 <u><i>Scott Heiler, Pres</i></u> 2/11/05 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 Make Check Payable to Florida Department of State					
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	PTD ☐ Delete HEILER, SCOTT 7602 4 CONGRESS ST NEW PORT RICHEY FL 34653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Delete HEILER, JEFFREY 7602 4 CONGRESS ST NEW PORT RICHEY FL 34653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heiler, Scott ☐ Delete (Handwritten: Keep as this)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, Treas, Sec, Dir ☒ Change ☐ Addition Heiler, Scott 7602-4 Congress St New Port Richey FL 34653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir ☐ Change ☒ Addition Heiler, Alfred 7602-4 Congress St New Port Richey FL 34653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <u><i>Scott Heiler, Pres</i></u> 2/11/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					