

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90109 037 \*\*\*150.00

**DOCUMENT # P98000105505**

1. Entity Name

HARBORTOWN CANAVERAL GP, INC.



Principal Place of Business

1936 HARBORTOWN DR.  
FT. PIERCE FL 34946

Mailing Address

1936 HARBORTOWN DR.  
FT. PIERCE FL 34946

2. Principal Place of Business

2700 Harkortown Dr.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 690067  
Suite, Apt. #, etc.

City & State

Merritt Island, FL  
Zip 32952 Country USA

City & State

Vero Beach, FL  
Zip 32969-0067 Country USA

4. FEI Number

65-0879495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEFFLEBOWER, DAVID L  
1936 HARBORTOWN DR.  
FT. PIERCE FL 34946

850. 660<sup>th</sup> ave  
Vero Beach, FL  
32966

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

**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 DPTS ☐ Delete  
NAME HEFFLEBOWER, DAVID L  
STREET ADDRESS 1936 HARBORTOWN DR. P.O. Box 690067  
CITY-ST-ZIP FT. PIERCE FL 34946 Vero Beach, FL 32969-0067

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*David L. Hefflebower 4-5-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #