

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90064 028 ***150.00

DOCUMENT # P99000009165

1. Entity Name
W.H. HEARN MECHANICAL CONTRACTOR, INC.



Principal Place of Business
518 STEVENS ST
JACKSONVILLE, FL 32254

Mailing Address
518 STEVENS ST
JACKSONVILLE, FL 32254

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

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

City & State

Zip Country

02242005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3552435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEPER, JR, RICHARD C
3030 HARTLEY RD.
STE 150
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name: Bobby Williams, CPA
Street Address (P.O. Box Number is Not Acceptable)
6817-601 Southpoint Parkway
City Jacksonville FL Zip Code 32216

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: *Bobby Williams* *Bobby Williams, CPA* *3/2/05*
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

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
NAME HEARN, ERIC W
STREET ADDRESS 1796 BIG BRANCH
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE D ☒ Delete
NAME HEARN, JANIS M.
STREET ADDRESS 1796 BIG BRANCH
CITY-ST-ZIP MIDDLEBURG, FL 32068

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-05

904-781-7388