



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90066 031 ***150.00

DOCUMENT # P99000015836					
1. Entity Name HEDEEN GRADING SERVICE, INC.					
Principal Place of Business 13555 STAIMFORD DRIVE WELLINGTON, FL 33414			Mailing Address 13555 STAIMFORD DRIVE WELLINGTON, FL 33414		
2. Principal Place of Business 6759 Lakeside Rd		3. Mailing Address 6759 Lakeside Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WPB		City & State WPB		02232005 Chg-P CR2E034 (10/03)	
Zip 33411		Country USA		4. FEI Number 65-0897399	
Zip 33411		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDEEN, THOMAS 13555 STAIMFORD DR. WEST PALM BEACH, FL 33414			7. Name and Address of New Registered Agent Name: Thomas Hedeem Street Address (P.O. Box Number is Not Acceptable): 6759 Lakeside Road City: West Palm Beach FL Zip Code: 33411		
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 _____ (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. <input type="checkbox"/> \$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	PSTD HEDEEN, THOMAS 13555 STAIMFORD DRIVE WELLINGTON, FL 33414	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Thomas Hedeem</i>			Date: 2-26-05		Daytime Phone #: 686-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #