

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90041 025 ***150.00

DOCUMENT # P99000046826

1. Entity Name

HEARTSFIELD & CASEY DEVELOPMENT COMPANY, INC.



Principal Place of Business

Mailing Address

2350 SAFE HARBOR LANE
FERNADINA BEACH FL 32034

2350 SAFE HARBOR LANE
FERNADINA BEACH FL 32034

2. Principal Place of Business

2450 Will Hardee Rd

3. Mailing Address

P. O. Box 16321

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Bch, FL

City & State

Fernandina Bch FL

Zip

32034

Country

Nassau

Zip

32035

Country

Nassau

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCARROLL, LORIE L
2334 E STATE RD 200, SUITE 300
FERNANDINA BEACH FL 32034

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, 2004 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	D	<input type="checkbox"/> Delete
NAME	CASEY, DEBORAH	
STREET ADDRESS	1784 HAMMOCK DR	
CITY-ST-ZIP	FERNADINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARTSFIELD, DARRELL B	
STREET ADDRESS	1784 HAMMOCK DR	
CITY-ST-ZIP	FERNADINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARTSFIELD, ELAINE C	
STREET ADDRESS	1784 HAMMOCK DR	
CITY-ST-ZIP	FERNADINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elaine C. Heartsfield* Elaine C. Heartsfield 4-4-04 904 261 4807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #