## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P99000073079** 02-15-2006 90023 010 \*\*\*150.00 HEARTWOOD CONSTRUCTION, INC. Mailing Address Principal Place of Business 1151 COUNTRY CLOSE DR. 1151 COUNTRY CLOSE DR. LUTZ, FL 33549 LUTZ, FL 33549 2. Principal Place of Buşiness 3. Mailing Address 2610 Castal Runge Way Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01112006 Chg-P 4. FEI Number Applied For City & State City & State Cutz, FC 65-0762615 Not Applicable Country \$8.75 Additional Country Zio 5. Certificate of Status Desired 33559 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TESTA, PHILIP J Street Address (P.O. Box Number is Not Acceptable) 4726-B N. LOIS AVE. TAMPA, FL 33614 Zip Code City FL 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE Renitez Michael BENITEZ, MICHAEL NAME NAME 2610 coastal Runge way 1151 COUNTRY CLOSE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP Lutz, FC 33559 TITLE ☐ Delete Change ■ Addition Benitez, Lois 2610 coustul Runge way BENITEZ, LOIS NAME NAME 1151 COUNTRY CLOSE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP Lutz, FC 33559 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-7R TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 employered 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 ith all other like empowered

nichael BENITEZ

SIGNATURE:

FILED Feb 15, 2006 8:00 am