


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State


02-12-2004 90037 004 ***158.75

DOCUMENT # S08142	
1. Entity Name THE HEIDRICH CORPORATION	

Principal Place of Business 260 MAITLAND AVE. SUITE 100 ALTAMONTE SPRINGS FL 32701 US	Mailing Address P.O. BOX 151059 ALTAMINTE SPRINGSGS FL 32715-1059 US
---	--

2. Principal Place of Business 824 Grand Regency Pointe	3. Mailing Address P.O. Box 151059
Suite, Apt. #, etc. Apt. # 102	Suite, Apt. #, etc.

City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Zip 32715
Country USA	Country USA

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-3042680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEIDRICH, FRNACIS X. 260 MAITLAND AVE. STE 100 ALTAMONTE SPRINGS FL 32701	
7. Name and Address of New Registered Agent Name Francis X. Heidrich Street Address (P.O. Box Number is Not Acceptable) 824 Grand Regency Pointe Apt. 102 City Altamonte Springs, FL Zip Code 32714	

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. Francis X. Heidrich SIGNATURE Feb. 7, 2004 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. <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	PD HEIDRICH, FRANCIS X. 260 MAITLAND AVE., STE. 100 ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Heidrich, Francis X. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 824 Grand Regency Pointe, Apt. 102 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEIDRICH, H. JOSEPH IV 260 MAITLAND AVE., STE. 100 ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Heidrich, H. Joseph, IV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 S. Orlando Ave., Apt. 608 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEIDRICH, RACHEL I. 260 MAITLAND AVE, STE. 100 ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Heidrich, Rachel I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 824 Grand Regency Pointe, Apt. 102 Altamonte Springs, FL 32714 <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
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: Francis X. Heidrich SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Francis X. Heidrich, President	Feb. 7, 2004 (407) 296-4543 Date Daytime Phone #