

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90048 049 ***150.00

DOCUMENT # S25555

1. Entity Name

HEATH ENGINEERING, INC.



Principal Place of Business

2607 AZEELE ST.
TAMPA FL 33609

Mailing Address

2607 AZEELE ST.
TAMPA FL 33609

2. Principal Place of Business

4109 DeLeon St., Tampa FL 33609

3. Mailing Address

3516 North B St.
Tampa FL 33609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3050695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HEATH, ROBERT T.
4109 DELEON STREET
TAMPA FL 33609

7. Name and Address of New Registered Agent

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

Robert T. Heath

Robert T Heath CEO

3/18/04

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 DV ☐ Delete
NAME HEATH, ROBERT T.
STREET ADDRESS 4109 DELEON STREET
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ Delete
NAME HEATH, VICTOR J.
STREET ADDRESS 14027 HUDSON LN
CITY-ST-ZIP DADE CITY FL 33525

TITLE STD ☐ Delete
NAME HARDWICK, PAULA A.
STREET ADDRESS 3516 NORTH 'B' ST
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete
NAME HEATH, RONALD L
STREET ADDRESS 3912 NORTH A STREET
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Paula A Hardwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula A Hardwick 3-18-04 813-875-6507

Date

Daytime Phone #