


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S57213

1. Entity Name
HIELAN RESEARCH & DEVELOPMENT, INC.



Principal Place of Business 1815 N U.S.1 ORMOND BEACH, FL 32174	Mailing Address 1815 N U.S.1 ORMOND BEACH, FL 32174
---	---

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3069535	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

**LAWSON, WILLIAM
1815 N US ONE
ORMOND, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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

TITLE D	LAWSON, WILLIAM 1815 N US ONE ORMOND BEACH, FL
TITLE T	LAWSON, TERESE 1815 N US HWY 1 ORMOND BEACH, FL 32174
TITLE 	
TITLE 	
TITLE 	
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

000000140737
04/29/04-80172-022-150.00

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: TERESE LAWSON **4-23-04** **386 6.76-1140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #