


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000047725</b>					
1. Entity Name 440 HEINBERG, INC.					
Principal Place of Business 17 W CEDAR STREET STE 3 PENSACOLA, FL 32502			Mailing Address PO BOX 12725 PENSACOLA, FL 32591		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARR, JOHN S 17 W CEDAR STREET STE 3 PENSACOLA, FL 32502				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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARR, JOHN S		NAME		
STREET ADDRESS	17 W CEDAR STREET STE 3		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORETTE, RICHARD P		NAME		
STREET ADDRESS	1201 N. TARRAGONA STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICKELSEN, ERIC J		NAME		
STREET ADDRESS	17 WEST CEDAR STREET SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHADBOURNE, EDWARD M JR.		NAME		
STREET ADDRESS	17 W CEDAR STREET STE 3		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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: <u>John S Carr</u>			John S. Carr President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/19/06</u> (850) 434-2244 Daytime Phone #		



01202006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3648697 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

U00000516939  
05/01/06-80024-015 150.00