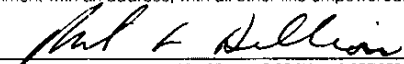


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90005 002 ***158.75

DOCUMENT # 340484 1. Entity Name HEIDT & ASSOCIATES, INC.					
Principal Place of Business 1602 N. 15TH STREET TAMPA, FL 33605-5046			Mailing Address 1602 N. 15TH STREET TAMPA, FL 33605-5046		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1226124	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VD DILLION, ROBERT L 3333 LAS CAMPOS PL. TAMPA, FL 33611 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ☒ Change ☐ Addition 2983 W KNIGHTS AV	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLATE, TIMOTHY M 16024 GLEN HAVEN DR TAMPA, FL 336181649 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GASSAWAY, PATRICK B 17203 KARIS CT. TAMPA, FL 336472605 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HALL, TOXEY A 371 CHANNELSIDE WALK WAY, UN. 1801 TAMPA, FL 33602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUTT, JOAN J. (ASS'T) 17123 MOCKINGBIRD LN LUTZ, FL 33548 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BAHLKE, WILLIAM P. 1000 S HARBOUR ISLAND BLVD TAMPA, FL 33602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1000 S HARBOUR ISLAND BLVD UNIT 2607	
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: 			2/11/08 (813) 242-3139		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		