

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90032 039 ***158.75

DOCUMENT # 340484

1. Entity Name

HEIDT & ASSOCIATES, INC.



Principal Place of Business

2212 WEST SWAN AVENUE
TAMPA FL 33606

Mailing Address

2212 WEST SWAN AVENUE
TAMPA FL 33606

24043002



MOORE CR2E034 (11/03)

2. Principal Place of Business

2212 W Swann Av

3. Mailing Address

2212 W Swann Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1226124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHLKE, WILLIAM
825 OREGON AVE
TAMPA FL 33606

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	DILLION, ROBERT L	
STREET ADDRESS	2704 CHAMBRAY LN	
CITY-ST-ZIP	TAMPA FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ANDREWS, EDWARD A	
STREET ADDRESS	118 ASHBROOK DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENRY, E. T.	
STREET ADDRESS	1013 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUCAS, JAMES B.	
STREET ADDRESS	7022 OAKVIEW CIR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROUTT, JOAN J. (ASS'T)	
STREET ADDRESS	17123 MOCKINGBIRD LN	
CITY-ST-ZIP	LUTZ FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAHLKE, WILLIAM P.	
STREET ADDRESS	825 S OREGON AVE	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pernas, David W.	
STREET ADDRESS	1549 Seabreeze St.	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	921 Guisando de Avila	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Pernas

April 12, 04 (813) 2535311

Date

Daytime Phone #