


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90010 047 ***158.75

DOCUMENT # 340484					
1. Entity Name HEIDT & ASSOCIATES, INC.					
Principal Place of Business 2212 W SWANN AVE. TAMPA FL 33606			Mailing Address 2212 W SWANN AVE. TAMPA FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1226124	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMERICAN INFORMATION SERVICES, INC. 401 E. JACKSON ST. STE. 1700 TAMPA FL 33602 <i>OK</i>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City & State FL <small>Zip Code</small>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> Delete				
NAME	PERNAS, DAVID W				
STREET ADDRESS	1549 SEABREEZE ST.				
CITY-ST-ZIP	CLEARWATER FL 33756				
TITLE	<input type="checkbox"/> Delete				
NAME	ANDREWS, EDWARD A				
STREET ADDRESS	118 ASHBROOK DR.				
CITY-ST-ZIP	BRANDON FL				
TITLE	<input checked="" type="checkbox"/> Delete				
NAME	HENRY, E. T.				
STREET ADDRESS	921 GUISANDO DE AVILA				
CITY-ST-ZIP	TAMPA FL				
TITLE	<input type="checkbox"/> Delete				
NAME	LUCAS, JAMES B.				
STREET ADDRESS	7022 OAKVIEW CIR.				
CITY-ST-ZIP	TAMPA FL				
TITLE	<input type="checkbox"/> Delete				
NAME	ROUTT, JOAN J. (ASS'T)				
STREET ADDRESS	17123 MOCKINGBIRD LN				
CITY-ST-ZIP	LUTZ FL				
TITLE	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	8910 Eaglewatch Dr.				
CITY-ST-ZIP	Riverview, FL 33569				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	4381 Caliguen				
CITY-ST-ZIP	Brooksville, FL 34604				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	1000 S. Harbour Island Blvd.				
CITY-ST-ZIP	Unit 2607 Tampa, FL 33602				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Pernas 3/7/06 (813) 2535311

Date

Daytime Phone #