


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90034 006 ***158.75

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|--|---|---|---|--|--|
| 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 - No P.O. Box # 1602 N. 15TH ST. | | 3. Mailing Address 1602 N. 15TH ST. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State TAMPA FL | | City & State TAMPA FL | | 4. FEI Number 59-1226124 | |
| Zip 33605-5046 | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33605-5046 | | Country | | 01082007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 E. JACKSON ST. STE. 1700 TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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, 2007 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERNAS, DAVID W 1549 SEABREEZE ST. CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V,D DILLION, ROBERT L. 3333 LAS CAMPOS PL. TAMPA FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO ANDREWS, EDWARD A 8910 EAGLEWATCH DR RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V,D PLATE, TIMOTHY M. 16024 GLEN HAVEN DR. TAMPA FL 33618-1649 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HENRY, E. T. 921 GUI SANDO DE AVILA TAMPA, FL <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V,D GASSAWAY, B. PATRICK 17203 KARIS CT. TAMPA FL 33647-2605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUCAS, JAMES B. 4381 CALIQUEN BROOKSVILLE, FL 34604 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V,ST,D HALL, TOXEY A. 371 CHANNELSIDE WALK WAY, UN. 1801 TAMPA FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROUTT, JOAN J. (ASS'T) 17123 MOCKINGBIRD LN LUTZ, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <div style="text-align: right;">33548</div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BAHLKE, WILLIAM P. 1000 S HARBOUR ISLAND BLVD TAMPA, FL 33602 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO,D <div style="text-align: right;">UN. 2607</div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 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: <i>Robert L. Dillion</i> | | | ROBERT L. DILLION 1/29/07 (813)253-5311 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |