

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000005963

1. Entity Name
HEARTLAND SOLUTIONS, INC.



Principal Place of Business
**630 BROOKER CREEK BLVD, STE 345
OLDSMAR, FL 34677**

Mailing Address
**630 BROOKER CREEK BLVD, STE 345
OLDSMAR, FL 34677**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4035712	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

**SULLIVAN, CHRISTOPHER P
630 BROOKER CREEK BLVD. SUITE 345
OLDSMAR, FL 34677**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000596514
01/23/07-000082-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	SULLIVAN, RICHARD E
STREET ADDRESS	630 BROOKER CREEK BLVD, STE 345
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	V
NAME	SULLIVAN, CHRISTOPHER P
STREET ADDRESS	630 BROOKER CREEK BLVD, STE 345
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Richard E. Sullivan, President* 1/18/07 813-386-1641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RICHARD E. SULLIVAN