

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90323 001 ***150.00

DOCUMENT # F06000000742 1. Entity Name HEARTLAND EQUIPMENT, INC.					
Principal Place of Business 2777 HEARTLAND DRIVE CORALVILLE, IA 52241			Mailing Address 2777 HEARTLAND DRIVE CORALVILLE, IA 52241		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04112007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 47-0552794	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEXTON, MICHAEL 10503 BUSCH DR N JACKSONVILLE, FL 32218-5642			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
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. ☐ \$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	PSC GERDIN, RUSSELL A 2777 HEARTLAND DRIVE CORALVILLE, IA 52241 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O Russell A Gerdin 2777 Heartland Drive Coralville, IA 52241 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COAERT, JOHN P 2777 HEARTLAND DRIVE CORALVILLE, IA 52241 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Michael Gerdin 2777 Heartland Drive Coralville, IA 52241 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Thomas Hill 2777 Heartland Drive Coralville, IA 52241 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Thomas E Hill</u> <u>Thomas E Hill</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/16/07 319-545-2228 Date Daytime Phone #		