

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000004147  
1. Entity Name  
HEARTLAND EXPRESS, INC. OF IOWA



Principal Place of Business      Mailing Address  
2777 HEARTLAND DRIVE      2777 HEARTLAND DRIVE  
CORALVILLE, IA 52241      CORALVILLE, IA 52241



04192006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
42-0758403      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
O'BERRY, LAURA  
10501 BUSCH DRIVE NORTH  
JACKSONVILLE, FL 32218

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GERDIN, RUSSELL 2777 HEARTLAND DRIVE CORALVILLE, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILL, THOMAS 2777 HEARTLAND DRIVE CORALVILLE, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSAERT, JOHN 2777 HEARTLAND DRIVE CORALVILLE, IA
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05/17/06-80013-003 150.00

**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: Thomas E Hill      Thomas E. Hill      4/24/06      319-545-2728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #