


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90019 041 \*\*\*150.00

<b>DOCUMENT # G05878</b>	
1. Entity Name HEARTLAND TRANSPORTATION CO., INC.	

Principal Place of Business 2910 US HIGHWAY 17 SO. P.O. BOX 846 ZOLFO SPRINGS, FL 33890 US	Mailing Address 5300 ORANGE ST.(ZOLFO SPRINGS, FL) P.O. BOX 846 WAUCHULA, FL 33873
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PO Box 846</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Wauchula, FL</b>
Zip	Zip <b>33873</b>
Country	Country <b>Ardee</b>



01102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2225739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SIMMONS, CARL 226 ORANGE AVE WAUCHULA, FL 33873	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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, 2008 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	PD SIMMONS, CARL 226 ORANGE AVE WAUCHULA, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carl Simmons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #