


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90055 008 \*\*\*158.75

DOCUMENT # J21887			
1. Entity Name HEINL BROTHERS, INC.			
Principal Place of Business % JOHN H. HEINL 460 24TH ST N. ST PETERSBURG, FL 33713		Mailing Address % JOHN H. HEINL 460 24TH ST N. ST PETERSBURG, FL 33713	
2. Principal Place of Business - No P.O. Box # <i>2125 1st Ave S.</i>		3. Mailing Address <i>18749 MONTEVERDE DR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ST. PETERSBURG, FL</i>		City & State <i>SPRING HILL, FL</i>	
4. FEI Number 59-3032301		Applied For Not Applicable	
Zip <i>33712</i>		Country <i>USA</i>	
Zip <i>34610</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent HEINL, JOHN H. 2125 1ST AVE S SAINT PETERSBURG, FL 33712		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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: <i>John H. Heinel</i>		DATE: <i>2-17-07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	VPT HEINL, JOHN H. 460 24TH STREET SAINT PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.S.</i> JOHN H. HEINL <i>2125 1ST AVE S.</i> <i>ST. PETE, FL 33712</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HEINL, ROGER P 460 24TH STREET NORTH SAINT PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROGER P. HEINL <i>2125 1ST AVE S.</i> <i>ST. PETE, FL 33712</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>John H. Heinel</i>		DATE: <i>2-17-07</i>	
Signature and typed or printed name of signing officer or director		Daytime Phone # <i>7274099487</i>	