

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # J34558		
1. Entity Name HEIDER INVESTMENTS, INC.		

Principal Place of Business 1306 S. LAKESHORE DR.24 SARASOTA FL 34231 US	Mailing Address 1306 S. LAKESHORE DR.24 SARASOTA FL 34231 US
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2726112	Applied for ☐ Not Applied
------------------------------------	---

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

6. Name and Address of Current Registered Agent HEIDER, FRANK F. 1306 S. LAKESHORE DR. SARASOTA FL 34231
--

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 _____ (NOTE: If registered agent signature required when filing statement) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Added to F
---	--

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	DPT
STREET ADDRESS	HEIDER, FRANK F.
CITY- ST- ZIP	1306 S LAKESHORE DR SARASOTA FL
TITLE	☐ Delete
NAME	DVS
STREET ADDRESS	HEIDER, CHRISTINE T.
CITY- ST- ZIP	1306 S LAKESHORE DR SARASOTA FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank F. Heider 3/2/06 (94) 9038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #