


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # K53990 1. Entity Name HEINZ BROTHERS OUTDOOR SERVICES, INC.	
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Principal Place of Business 4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32309 US	Mailing Address 4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32309 US
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DO NOT WRITE IN THIS SPACE



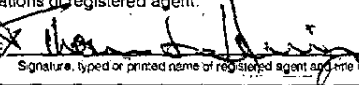
01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2922630	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 HEINZ, THOMAS LEE 4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32308
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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.

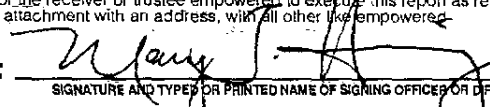
SIGNATURE  THOMAS L. HEINZ 2-11-05
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000226441 02/12/05-00016-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEINZ, THOMAS LEE 1454 LLOYDS COVE RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HEINZ, MARY THERESA 1454 LLOYDS COVE RD TALLAHASSEE, FL 32312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MARY T. HEINZ 2-11-05 850-668-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #