2006 FOR PROFIT CORPORATION. ANNUAL REPORT

ANNUAL REPORT

DOCUMENT # K53990

Entity Name

HEINZ BROTHERS OUTDOOR SERVICES, INC.



Principal Place of Business

Mailing Address

4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32309 US 4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32309 US FILED Jul 13, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

07122006 No Chg-P CR2E034 (11/05

4. FEI Number 59-2922630

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HEINZ, THOMAS LEE 4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32308 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. Tam familiar with, and accept the obligations of registered agent.

U00000569730 07/13/06-80001-003 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS HEINZ, THOMAS LEE NAME STREET ADDRESS 1454 LLOYDS COVE RD CITY-ST-ZIP TALLAHASSEE, FL 32312 TS TITLE HEINZ, MARY THERESA NAME STREET ADDRESS 1454 LLOYDS COVE RD CITY-ST-ZIP TÁLLAHASSEE, FL 32312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 L-Hein Z

7-12-06

850-668-096

Daytime Phone #