

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90319 009 ***150.00

DOCUMENT # L60801

1. Entity Name
HEART FAX, INC.



Principal Place of Business

1010 5TH AVENUE S.
SUITE 300
NAPLES, FL 34102 US

Mailing Address

P.O. BOX 8329
NAPLES, FL 34101 US

50044342



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0187587

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOONER, EUGENE C
4386 SYCAMORE DRIVE
NAPLES, FL 34116

**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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	DEVLIN, ROBERT E
STREET ADDRESS	6934 RAIN LILY COURT #204
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DCP
NAME	DOONER, EUGENE C
STREET ADDRESS	5386 SYCAMORE DRIVE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	DVP
NAME	TOBER, ROBERT B
STREET ADDRESS	2240 SOUTHWIND DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	DVP
NAME	Longbine, David L
STREET ADDRESS	169 GOVERNOR GRANT BLVD
CITY-ST-ZIP	LEXINGTON, SC 29072
TITLE	VPD
NAME	DOONER, JOAN E
STREET ADDRESS	6815 GLADYS STREET
CITY-ST-ZIP	OTTER ROCK, OR 97369
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)(i), 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: [Signature] Sec. Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 239 643 7007
Date Daytime Phone #