

**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 <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DST DEVLIN, ROBERT E 6934 RAIN LILY COURT #204 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP DOONER, EUGENE C 5386 SYCAMORE DRIVE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP TOBER, ROBERT B 2240 SOUTHWIND DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LONGBINE, DAVID L 169 GOVERNOR GRANT BLVD LEXINGTON, SC 29072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DOONER, JOAN E 6815 GLADYS STREET OTTER ROCK, OR 97369
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 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] Sect. Treas. 4/23/05 239 443 7007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #