

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60801

Entity Name: HEART FAX, INC.

FILED  
Feb 18, 2010  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 8329  
NAPLES, FL 34101 US

## New Mailing Address:

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

FEI Number: 65-0187587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOONER, EUGENE C  
4386 SYCAMORE DRIVE  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST  
Name: DEVLIN, ROBERT E  
Address: 6934 RAIN LILY COURT #204  
City-St-Zip: NAPLES, FL 34109

Title: DCP  
Name: DOONER, EUGENE C  
Address: 5386 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34116

Title: DVP  
Name: TOBER, ROBERT B  
Address: 2240 SOUTHWIND DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: DVP  
Name: LONGBINE, DAVID L  
Address: 169 GOVERNOR GRANT BLVD  
City-St-Zip: LEXINGTON, SC 29072

Title: VPD  
Name: DOONER, JOAN E  
Address: P O BOX 388  
City-St-Zip: DEPOE BAY, OR 97341

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT E. DEVLIN

ST

02/18/2010

Electronic Signature of Signing Officer or Director

Date