


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99083</b> 1. Entity Name <b>HEARTLAND BUSINESS SERVICES, INC.</b>		
Principal Place of Business <b>4640 SOUTHSIDE BLVD SEBRING, FL 33870 US</b>	Mailing Address <b>4640 SOUTHSIDE BLVD SEBRING, FL 33870 US</b>	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>ROWE, BLAKE W. 4640 SOUTHSIDE BLVD SEBRING, FL 33870</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>ROWE, BLAKE W. 4640 SOUTHSIDE BLVD SEBRING, FL 33870</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 lines empowered.		
SIGNATURE: <u><i>Blake W. Rowe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0217040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000408847  
02/08/06-80076-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

*1/26/05*

*883-385-1052*