


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90003 041 ***150.00

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| DOCUMENT # M06234 |  |
| 1. Entity Name HEINER CORP. | |

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| Principal Place of Business 1301 SW 103 AVE PEMBROKE PINES, FL 33025 US | Mailing Address 1301 SW 103 AVE PEMBROKE PINES, FL 33025 US |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

54064310

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| 2. Principal Place of Business 2880 Morven Parkway Suite, Apt. #, etc. | 3. Mailing Address 2880 Morven Parkway Suite, Apt. #, etc. |
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07152004 Chg-P CR2E034 (10/03)

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|-------------------------------------------|-------------------------------------------|
| City & State The Villages, FL | City & State The Villages, FL |
| Zip 32162 Country USA | Zip 32162 Country USA |

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| 4. FEI Number 59-2458252 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent HEINER, ELEANOR 1301 SW 103 AVE PEMBROKE PINES, FL 33025 | |
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| 7. Name and Address of New Registered Agent Name Eleanor Heiner Street Address (P.O. Box Number is Not Acceptable) 2880 Morven Parkway City The Villages FL Zip Code 32162 | |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HEINER, ELEANOR 1301 SW 103 AVE PEMBROKE PINES, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2880 Morven Parkway The Villages, FL 32162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: Eleanor Heiner | Date 7/19/04 | Daytime Phone # 352-259-6611 |
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Eleanor Heiner, Pres