
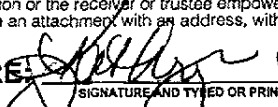
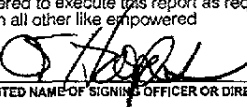


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # N01000005066</b><br>1. Entity Name<br>HEARTLAND SERVICES OF FLORIDA, INC.   |   |    |
| Principal Place of Business<br>333 NORTH SUMMIT STREET<br>16TH FLOOR<br>TOLEDO, OH 43604  |   | Mailing Address<br>333 NORTH SUMMIT STREET<br>16TH FLOOR<br>TOLEDO, OH 43604  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |
| 6. Name and Address of Current Registered Agent<br><br>CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | EVP<br>WEIKEL, M. KEITH<br>333 N. SUMMIT STREET<br>TOLEDO, OH 43604   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VDOT<br>HOOPS, KATHRYN S.<br>333 N. SUMMIT STREET<br>TOLEDO, OH 43604 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PCEO<br>ORMOND, PAUL A.<br>333 N. SUMMIT STREET<br>TOLEDO, OH 43604   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 617, 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:   Kathryn S. Hoops 4/24/06 (419) 252-5164<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |



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

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05/17/06-80137-007 61.25

**DO NOT WRITE  
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