


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90010 006 \*\*\*\*61.25

<b>DOCUMENT # N01042</b> 1. Entity Name <b>HEARTLAND INTERGROUP OF AA, INC.</b>					
Principal Place of Business <b>1035 S. FLORIDA AVENUE SUITE 180 LAKELAND, FL 33803</b>			Mailing Address <b>1035 S. FLORIDA AVENUE SUITE 180 LAKELAND, FL 33803-1165</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2371767</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SERVO, BRUCE 327 EAGLE LAKE LOOP RD WINTER HAVEN, FL 33880				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Bruce C Servo</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-11-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERVO, BRUCE		NAME		
STREET ADDRESS	327 EAGLE LAKE LOOP RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERVO, BETTY		NAME		
STREET ADDRESS	327 EAGLE LAKE LOOP RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JEANNE		NAME	Chuck McCafferty	
STREET ADDRESS	6757 FEATHER ST		STREET ADDRESS	6036 Junction Circle	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	OM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MARY F		NAME		
STREET ADDRESS	425 W. HIGHLAND ST.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKES, ED		NAME		
STREET ADDRESS	3114 BELLFLOWER WAY		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEVIN, PAT		NAME	LAUREN HUNT	
STREET ADDRESS	343 LOUIS EDWARD CT.		STREET ADDRESS	6936 Nellis Way	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	LAKELAND FL 33813	
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: <u>Bruce C Servo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>2-11-08</u> (863) 688-0211 <small>Date Daytime Phone #</small>		