2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/2/2005-90004-027-$150.00-$150.00

FILED
05 JUN 16 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000116725

1. Entity Name
HEARTWOODES, INC.

Principal Place of Business	Mailing Address
214 ORA ST. DAYTONA BEACH, FL 32118	PO BOX 263220 DAYTONA BEACH, FL 32126

2. Principal Place of Business	3. Mailing Address
214 Ora St.	c/o PO Box 263220
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32118 Country: Volusia	Zip: 32126 Country: Volusia

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GETTINGS, R.R.
~~341 EUCLID AVE.~~
~~DAYTONA BEACH, FL 32126~~
MY HOME/OFFICE 214 Ora St.
c/o ~~PO Box 263220~~
Daytona Beach, FL ~~32126~~ 32118

7. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: [signature] 5/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GETTINGS, R.R.		NAME	N/A
STREET ADDRESS	PO BOX 263220		STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32126		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LINKOUS, DOUG		NAME	
STREET ADDRESS	PO BOX 263220		STREET ADDRESS	
CITY-ST-ZIP	DAYTONA, FL 32126		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

SIGNATURE: [signature] R.R. Gettings 5/18/05 (386)238-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #