

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90039 027 ***150.00

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1. Entity Name

HEART OF ADOPTIONS, INC.



Principal Place of Business

418 W. PLATT STREET
TAMPA, FL 33606

Mailing Address

418 W. PLATT STREET
TAMPA, FL 33606

40004774



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3742329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TATE, MARK T
418 W. PLATT STREET
TAMPA, FL 33606

**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

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

TITLE	D
NAME	TATE, JEANNE T
STREET ADDRESS	418 W. PLATT STREET
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	TATE, MARK T
STREET ADDRESS	418 W. PLATT STREET
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	BARKSDALE, DANELLE
STREET ADDRESS	418 W. PLATT STREET
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	DAVIS, AMY J
STREET ADDRESS	418 W. PLATT STREET
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	STEWART, DANEILLE
STREET ADDRESS	9180 GALLERIA COURT STE 700
CITY - ST - ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05

Date

Daytime Phone #