## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P02000006987 Jan 24, 2007 08:00 AM 1. Entity Name **Secretary of State** STEVE HEINTZ, INC. Principal Place of Business Mailing Address 11030 SW 51 STREET 11030 SW 51 STREET FT LAUDERDALE FL 33328 FT LAUDERDALE FL 33328 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 30-0028115 Not Applicable 7in Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEINTZ, STEVE 11030 SW 51 STREET Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33328 City Zip Code FI 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 hyped or printed name of registered agent and title i applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 11111 ☐ Defete HEE ☐ Change ☐ Addition HEINTZ, STEVE NAM NAME U00000601488 11030 SW 51 STREET STELL LADDRESS STREET ADDRESS 01/26/07-80052-004 150.00 FT LAUDERDALE FL 33328 CHY SI ZIP CHY SLZP Change TITLE Delele IME ☐ Addition WW NAME STREET ADDRESS SITULI ADDITESS CITY ST-ZIP CITY ST 70P IIIIE Delete Ш Change Addition NAM NAME SIDELI ADDRESS SINCE LADDRESS CITY - ST - 70P CITY ST ZIP ☐ Delete THE □ Clumpe ☐ Addition HILE NAMI MAMI SIRELI ADDRESS SIRFF LADDRESS CHY SEZIP CHY SI ZIP IIII ☐ Delete 810 Change ☐ Addition NAME NAM SIBLE LADORESS STREET ADDRESS CITY SI-7IP CHY ST 789 HITT ☐ Change IIILE Delete Addition MAM MAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-SI 782

SIGNATURE: Stanature and typed on Printed Name of Signing officer on Director Date Days Under Printed &

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 13 if changed, or on an attachment with an address, with all other like empowered.