## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P03000066952** 04-28-2005 90211 029 \*\*\*150.00 1. Entity Name HEARTS EASE CORPORATION Principal Place of Business Mailing Address 14006172 10071 GEORGETOWN COURT 10071 GEORGETOWN COURT WEEKI WACHEE, FL 34613 WEEKI WACHEE, FL 34613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0048050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHISWICK, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 10071 GEORGETOWN COURT WEEKI WACHEE, FL 34613 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agont signature required when roinstating) DATE Signature, typed or printed name of registered egent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00; After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D X Change Addition Delete TITLE D/P/S/T TITLE CHISWICK, WILLIAM D NAME NAME 10071 GEORGETOWN COURT STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP WEEKI WACHEE, FL 34613 D/VP/ASST S n Delete TITLE Change ☐ Addition TITLE CHISWICK, NANCY C NAME NAME STREET ADDRESS STREET ADDRESS 10071 GEORGETOWN COURT CITY-ST-ZIP CITY-ST-ZIP WEEKI WACHEE, FL 34613 TITLE □ Change □ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 addless, with all other like empowered.

WILLIAM D. CHISWICK X 04 26 05

Daytime Phone #

FILED