

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

**Jan 18, 2006 8:00 A.M.**  
**Secretary of State**



**DOCUMENT # P04000012784**

1. Entity Name  
**HEARTLAND DEVELOPMENT, INC.**

Principal Place of Business

**601 SE 80TH STREET  
OCALA, FL 34480**

Mailing Address

**601 SE 80TH STREET  
OCALA, FL 34480**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12152005

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

**57-1198833**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEHLERKING, MICHAEL W  
601 SE 80TH STREET  
OCALA, FL 34480**

Name

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 **MICHAEL W. DEHLERKING, PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE **PRES.** ☐ Delete  
NAME **MICHAEL DEHLERKING**  
STREET ADDRESS **601 SE 80TH ST**  
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **V. PRES.** ☐ Delete  
NAME **DARRELL SIZEMORE**  
STREET ADDRESS **4801 SE 44TH AVE RD.**  
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **SEC./TREAS.** ☐ Delete  
NAME **RICK TUTEN**  
STREET ADDRESS **1808 SE 7TH ST.**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600065183148**  
**02/03/06--01047--007 \*\*008.75**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**REINSTATEMENT 05-06**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 or without like empowered.

SIGNATURE: **RICK TUTEN, SEC./TREAS.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-1-06**

**352-427-9000**