


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90031 003 \*\*\*150.00

<b>DOCUMENT # P05000035087</b>					
1. Entity Name <b>HEARTLAND AUTO CLINIC, INC.</b>					
Principal Place of Business <b>1155 US HWT 17 N WAUCHULA, FL 33873</b>			Mailing Address <b>1155 US HWT 17 N WAUCHULA, FL 33873</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2474607</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HALL, JOHN D 1155 US HWT 17 N WAUCHULA, FL 33873</b>			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	PTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HALL, JOHN D	NAME	HALL, JOHN D.		
STREET ADDRESS	1325 DENA CIR	STREET ADDRESS	1325 DENA CIRCLE		
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	WAUCHULA, FL 33873		
TITLE	D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HALL, BERNADETTA	NAME	HALL, BERNADETTA		
STREET ADDRESS	1325 DENA CIR	STREET ADDRESS	1325 DENA CIRCLE		
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	WAUCHULA, FL 33873		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John D. Hall</i>			2/13/06 883-773-7774		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

66003477



01172006 Chg-P CR2E034 (11/05)



ATTACHMENT  
66003477

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

HEARTLAND AUTO CLINIC, INC.  
1155 US HWY 17 N  
WAUCHULA, FL 33873

Subject: HEARTLAND AUTO CLINIC, INC.

Reference Number: P05000035087

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION