

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000052928

1. Entity Name
HEART ALERT INCORPORATED



Principal Place of Business
1100 JOHNSON FERRY RD., STE 1050
ATLANTA, GA 30342

Mailing Address
1100 JOHNSON FERRY RD., STE 1050
ATLANTA, GA 30342



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3332588	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARR, JAMES
1502 W. FLETCHER AVE.
TAMPA, FL 33612

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOGGLE, JOHN
STREET ADDRESS	1100 JOHNSON FERRY RD., STE 1050
CITY-ST-ZIP	ATLANTA, GA 30342

TITLE	PD
NAME	THORNE, JAMES A
STREET ADDRESS	1100 JOHNSON FERRY RD., STE 1050
CITY-ST-ZIP	ATLANTA, GA 30342

TITLE	D
NAME	BAILEY, GORDAN R
STREET ADDRESS	1100 JOHNSON FERRY RD., STE 1050
CITY-ST-ZIP	ATLANTA, GA 30342

TITLE	D
NAME	FARR, JAMES
STREET ADDRESS	1100 JOHNSON FERRY RD., STE 1050
CITY-ST-ZIP	ATLANTA, GA 30342

TITLE	D
NAME	MOTTOLA, JAMES VAN
STREET ADDRESS	1100 JOHNSON FERRY RD., STE 1050
CITY-ST-ZIP	ATLANTA, GA 30342

TITLE	D
NAME	TOENNES, MANFRED
STREET ADDRESS	1100 JOHNSON FERRY RD., STE 1050
CITY-ST-ZIP	ATLANTA, GA 30342

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07/06/04-80007-014 158.75

**DO NOT WRITE
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: James A. Thorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-04 404-847-1722
Date Daytime Phone #