

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90012 012 ***150.00



DOCUMENT # P96000038314

1. Entity Name

HEIMANN'S OF PINELLAS, INC.

Principal Place of Business

1 BEACH DR SE
 41
 ST. PETERSBURG FL 33701
 US

Mailing Address

1 BEACH DR SE
 41
 ST. PETERSBURG FL 33701
 US



2. Principal Place of Business

3. Mailing Address

6104 Palma Del Mar Blvd

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 401

City & State

City & State

St. Petersburg FL 33715

4. FEI Number

59-3389651

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

HEIMANN, REINER
 6104 PALMA DEL MAR BLVD.
 ST. PETERSBURG FL 33715

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

R. Reiner President

March 25, 05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HEIMANN, REINER	
STREET ADDRESS	6104 PALMA DEL MAR #401	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	ILSE HEIMANN	<input type="checkbox"/> Delete
NAME	ILSE HEIMANN	
STREET ADDRESS	Kloster Str. 10	
CITY-ST-ZIP	67749 OFFENBACH/Hunoltheim Germany, Secretary/Treasurer	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

R. Reiner President

March 25, 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 727 641-7784