

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000034297

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** HEERS YOUR PACKAGE, INC.

**Current Principal Place of Business:**

5870 41ST AVE N.  
SAINT PETERSBURG, FL 33709

**New Principal Place of Business:**

540 CARILLON PKWY  
#1122  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

5870 41ST AVE N.  
SAINT PETERSBURG, FL 33709

**New Mailing Address:**

540 CARILLON PKWY  
#1122  
SAINT PETERSBURG, FL 33716

**FEI Number:** 59-3570389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATKINS, CARL T CPA  
5103 MEMORIAL HIGHWAY  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HEERS, DAVID D  
Address: 540 CARILLON PKWY #1122  
City-St-Zip: SAINT PETERSBURG, FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID D HEERS

PRES

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date