


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-12-2004 90674 046 ***150.00

DOCUMENT # V43890
 1. Entity Name
THE HEIMANN CORPORATION



Principal Place of Business 1366 S. ESTATE PT INVERNESS, FL 32650 US	Mailing Address 1366 S. ESTATE PT INVERNESS, FL 32650 US
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66422297



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3166339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEIMANN, KENNETH L
 1366 S. ESTATE PT.
 INVERNESS, FL 34450

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Kenneth L Heimann

4/16/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$950.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIMANN, KENNETH L 1366 S. ESTATE PT. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HEIMANN, TINA M 1366 S. ESTATE PT. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

Kenneth L Heimann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/04

352-726-2005

Date

Daytime Phone #