


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 001 \*\*\*150.00

DOCUMENT # F06000000742					
1. Entity Name HEARTLAND EQUIPMENT, INC.					
Principal Place of Business 2777 HEARTLAND DRIVE CORALVILLE, IA 52241		Mailing Address 2777 HEARTLAND DRIVE CORALVILLE, IA 52241			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04112007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 47-0552794	
				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			7. Name and Address of New Registered Agent		
SEXTON, MICHAEL 10503 BUSCH DR N JACKSONVILLE, FL 32218-5642			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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSC	<input type="checkbox"/> Delete	TITLE	C/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERDIN, RUSSELL A		NAME	Russell A Gerdin	
STREET ADDRESS	2777 HEARTLAND DRIVE		STREET ADDRESS	2777 Heartland Drive	
CITY-ST-ZIP	CORALVILLE, IA 52241		CITY-ST-ZIP	Coralville, IA 52241	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSAERT, JOHN P		NAME	Michael Gerdin	
STREET ADDRESS	2777 HEARTLAND DRIVE		STREET ADDRESS	2777 Heartland Drive	
CITY-ST-ZIP	CORALVILLE, IA 52241		CITY-ST-ZIP	Coralville, IA 52241	
TITLE		<input type="checkbox"/> Delete	TITLE	VIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Thomas Hill	
STREET ADDRESS			STREET ADDRESS	2777 Heartland Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Coralville, IA 52241	
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: <u>Thomas E Hill</u> <u>Thomas E Hill</u>			Date: <u>4/16/07</u> Daytime Phone #: <u>319-545-2228</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		