

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90040 009 ***150.00

DOCUMENT # 549249
 1. Entity Name
 HERITAGE MANAGEMENT CORP.



Principal Place of Business
 2605 SW 33RD ST
 BLDG #200
 OCALA, FL 34474

Mailing Address
 P.O. BOX 2495
 OCALA, FL 34478

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
 59-1771131

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH B
 2605 SW 33RD ST
 BLDG #200
 OCALA, FL 34474

7. Name and Address of New Registered Agent

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 _____ 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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, JOHN W	
STREET ADDRESS	2605 SW 33RD ST	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAY, JAMES	
STREET ADDRESS	3245 NE 44TH PLACE	
CITY-ST-ZIP	OCALA, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, KENNETH B	
STREET ADDRESS	307 S E 21ST TERR	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FAUTE, NORBERT J JR	
STREET ADDRESS	3337 SE 15TH ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ken Kirkpatrick Ken Kirkpatrick 1/20/04 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

