

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 AM
Secretary of State

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



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000925497
 02/21/08-90011-015 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
 NAME **KIRKPATRICK, JOHN W**
 STREET ADDRESS **2605 SW 33RD ST**
 CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **VSD**
 NAME **DAY, JAMES**
 STREET ADDRESS **3245 NE 44TH PLACE**
 CITY-ST-ZIP **OCALA, FL**

TITLE **PD**
 NAME **KIRKPATRICK, KENNETH B**
 STREET ADDRESS **307 S E 21ST TERR**
 CITY-ST-ZIP **OCALA, FL 34471**

TITLE **TD**
 NAME **FANTE, NORBERT J JR.**
 STREET ADDRESS **3337 SE 15TH ST**
 CITY-ST-ZIP **OCALA, FL 34471**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Kirkpatrick

2/4/08
Date

352/482-0777
Daytime Phone #