


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90068 045 ***150.00

DOCUMENT # P95000006569

1. Entity Name
 HERITAGE DESIGN AND CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 2676 SCOTT MILL LANE 2676 SCOTT MILL LANE
 JACKSONVILLE, FL 32223 US JACKSONVILLE, FL 32223 US

40024380

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2950 Halcyon Lane 2950 Halcyon Lane
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 604 Suite 604
 City & State City & State
 Jacksonville FL Jacksonville FL
 Zip Country Zip Country
 32257 USA 32257 USA



01102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-3292249 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ULM, LARRY S
 2676 SCOTT MILL LANE
 JACKSONVILLE, FL 32223

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: *L. Scott ULM* L. Scott ULM President 2/24/07
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. ULM, LARRY S 2676 SCOTT MILL LANE JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *L. Scott ULM* 2/21/07 904 886-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #