2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # P97000053859** 1. Entity Name HERITAGE CONSTRUCTION COMPANY INC. OF **ORLANDO** Mailing Address Principal Place of Business 20507 NETHERLAND ST 20507 NETHERLAND ST ORLANDO, FL 32833 ORLANDO, FL 32833 04102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3453963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DERA, CHRISTOPHER DO NOT WRITE 2171 EOLA COURT OVIEDO, FL 32765 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. (am famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent agreence required when reinstating) CATE HIMPING 22221 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150,00 After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 04/21/04-80023-016 150.00 OFFICERS AND DIRECTORS 10. $\pi\pi_{\mathcal{L}}$ DP DERA, CHRISTOPHER NAME 20507 NETHERLAND ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32833 TITLE s NAME DERA, LORI STREET ADDRESS 20507 NETHERLAND ST CTY-ST-209 ORLANDO, FL 32833 THE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP सारह IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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 by see 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 address, with aligniver like empowered.

SIGNATURE:

BILE
NAME
STREET ADDRESS
CSTY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CTY-SI-ZIP

MODILITURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/10/04

FILED

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