

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087266

Entity Name: HERITAGE AUTOBODY, INC.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

12791 METRO PKWY
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

12791 METRO PKWY
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0870958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGRANDE, J.L.
2069 FIRST STREET, SUITE 302
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: STEWART, SUE
Address: 2665 CLEVELAND AVE, STE 108
City-St-Zip: FORT MYERS, FL 33901 US

Title: PD () Delete
Name: RHODES, TODD
Address: 12791 METRO PKWY
City-St-Zip: FORT MYERS, FL 33912 US

Title: VD () Delete
Name: PERRY, JOHN
Address: 12791 METRO PKWY
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: STEWART, SUE
Address: 2665 CLEVELAND AVE, STE 108
City-St-Zip: FORT MYERS, FL 33901 US

Title: STD (X) Change () Addition
Name: RHODES, TODD
Address: 12791 METRO PKWY
City-St-Zip: FORT MYERS, FL 33912 US

Title: PD (X) Change () Addition
Name: PERRY, JOHN
Address: 12791 METRO PKWY
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PERRY

PD

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date