
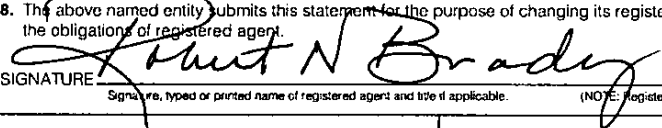



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90117 006 \*\*\*150.00

<b>DOCUMENT # H63353</b> 1. Entity Name <b>HERITAGE ASSET MANAGEMENT, INC.</b>					
Principal Place of Business <b>PO BOX 12749</b> <b>ST. PETERSBURG, FL 33716 US</b>			Mailing Address <b>PO BOX 12749</b> <b>ST. PETERSBURG, FL 33716 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
<div style="display: flex; justify-content: space-between;"> <span>05022005 Chg-P CR2E034 (10/03)</span> </div>					
4. FEI Number <b>59-2548029</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HILL, STEPHEN G</b> <b>880 CARILLON PARKWAY</b> <b>ST. PETERSBURG, FL 33716</b>			Name <b>Robert N. Brady</b> Street Address (P.O. Box Number is Not Acceptable) <b>880 Carillon Parkway</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33716</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <b>5-2-05</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HILL, STEPHEN G</b>		NAME		
STREET ADDRESS	<b>880 CARILLON PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIESS, RICHARD K</b>		NAME		
STREET ADDRESS	<b>880 CARILLON PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRADY, ROBERT N</b>		NAME		
STREET ADDRESS	<b>880 CARILLON PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MULLINS, ANDI</b>		NAME		
STREET ADDRESS	<b>880 CARILLON PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILSON, DONNA L</b>		NAME	<b>Deborah Malina</b>	
STREET ADDRESS	<b>880 CARILLON PARKWAY</b>		STREET ADDRESS	<b>880 Carillon Pkwy</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP	<b>St Petersburg, FL 33714</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JULIEN, JEFFREY P</b>		NAME		
STREET ADDRESS	<b>880 CARILLON PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33716</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5/2/05</b> Daytime Phone # <b>7275473800</b>		