


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90187 031 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                            |                                                                                                                                                                         |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000069969</b><br>1. Entity Name<br><b>HERITAGE FUND DISTRIBUTORS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                                                     |                                                                            |                                                                                        |                                                                                    |
| Principal Place of Business<br><b>880 CARILLON PARKWAY<br/>ST PETERSBURG, FL 33716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                     | Mailing Address<br><b>880 CARILLON PARKWAY<br/>ST PETERSBURG, FL 33716</b> |                                                                                                                                                                         |                                                                                    |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | 3. Mailing Address                                                                                                  |                                                                            |                                                                                                                                                                         |                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | Suite, Apt. #, etc.                                                                                                 |                                                                            |                                                                                                                                                                         |                                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | City & State                                                                                                        |                                                                            | 4. FEI Number<br><b>20-2867072</b>                                                                                                                                      |                                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | Country                                                                                                             |                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>WALZER, SUSAN<br/>880 CARILLON PARKWAY<br/>ST PETERSBURG, FL 33716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                                                     |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                                                     |                                                                            |                                                                                                                                                                         |                                                                                    |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                            |                                                                                                                                                                         |                                                                                    |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>               |                                                                                                                                                                         |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHMP<br>ROSSI, RICHARD<br>880 CARILLON PARKWAY<br>ST PETERSBURG, FL 33716         | <input type="checkbox"/> Delete                                                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | D/CIP<br>Rossi, Richard J.<br>880 Carillon Pkwy<br>St. Petersburg, FL 33716        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>FRANZ, RICHARD B II<br>880 CARILLON PARKWAY<br>ST PETERSBURG, FL 33716      | <input type="checkbox"/> Delete                                                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | V/T/CFO<br>Franz, Richard B II<br>880 Carillon Parkway<br>St. Petersburg, FL 33716 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>MALINA, DEBORAH<br>880 CARILLON PARKWAY<br>ST PETERSBURG, FL 33716           | <input type="checkbox"/> Delete                                                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | D<br>Riess, Richard K.<br>880 Carillon Parkway<br>St. Petersburg, FL 33716         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                            |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HILL, STEPHEN G<br>880 CARILLON PARKWAY<br>ST PETERSBURG, FL 33716           | <input type="checkbox"/> Delete                                                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | V<br>Atkinson, Jamie A.<br>880 Carillon Pkwy<br>St. Petersburg, FL 33716           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                            |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>MULLINS, ANDREA N ASST.<br>880 CARRILLON PARKWAY<br>ST. PETERSBURG, FL 33716 | <input checked="" type="checkbox"/> Delete                                                                          |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COFF<br>GILBERT, STEVEN B<br>880 CARRILLON PARKWAY<br>ST. PETERSBURG, FL 33716    | <input checked="" type="checkbox"/> Delete                                                                          |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                    |
| 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. |                                                                                   |                                                                                                                     |                                                                            |                                                                                                                                                                         |                                                                                    |
| <b>SIGNATURE:</b> <i>Richard B. Franz II</i> <b>Richard B. Franz II</b> <span style="float: right;">4/1/07 727-567-3800</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)</small>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                                                     |                                                                            |                                                                                                                                                                         |                                                                                    |