

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 549249

**Entity Name:** HERITAGE MANAGEMENT CORP.**Current Principal Place of Business:**2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34471**Current Mailing Address:**P.O.BOX 2495  
OCALA, FL 34478**FEI Number:** 59-1771131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIRKPATRICK, KENNETH B  
2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34471 US*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**Officer/Director Detail :**

Title	D
Name	KIRKPATRICK, JOHN W
Address	2605 SW 33RD ST
City-State-Zip:	OCALA FL 34471

Title	VSD
Name	DAY, JAMES E
Address	3245 NE 44TH PLACE
City-State-Zip:	OCALA FL 34470

Title	PD
Name	KIRKPATRICK, KENNETH B
Address	8235 SE 15TH CT.
City-State-Zip:	OCALA FL 34480

Title	T
Name	AYOUB, PAUL G
Address	2605 SW 33RD ST BLDG #200
City-State-Zip:	OCALA FL 34471

Title	V
Name	BUSS, RANDAL M
Address	745 SE 45TH TERR.
City-State-Zip:	OCALA FL 34471

*I hereby 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 all other like empowered.*

**SIGNATURE:** KENNETH B. KIRKPATRICK

PRESIDENT

03/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date