


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90027 017 ***150.00

DOCUMENT # 443837
 1. Entity Name
AMERICAN HERITAGE INSTITUTIONAL SERVICES, INC.



Principal Place of Business Mailing Address
 2008 CURRY FORD ROAD 2008 CURRY FORD ROAD
 ORLANDO FL 32814-6408 ORLANDO FL 32814-6408
 US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1501282 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HICKS, RICHARD C JR → *New Address:*
~~18325 SKYTOP LANE~~ *Hicks, Richard C. JR.*
~~GROVELAND FL 34736~~ *12806 Magnolia Pointe Blvd.*
Clermont, FL 34711

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00...
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> Delete
NAME	THOMPSON, B.FORREST	
STREET ADDRESS	2305 BUCKMINSTER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, AMY H	
STREET ADDRESS	2305 BUCKMINSTER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, B. FOREST	
STREET ADDRESS	2305 BUCKMINSTER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	HICKS, RICHARD C JR	
STREET ADDRESS	18325 SKYTOP LANE	<i>12806 Magnolia Pointe Blvd.</i>
CITY-ST-ZIP	GROVELAND FL 34736	<i>Clermont, FL 34711</i>
TITLE	AT	<input type="checkbox"/> Delete
NAME	HICKS, JANET L	
STREET ADDRESS	18325 SKYTOP LANE	<i>12806 Magnolia Pointe Blvd.</i>
CITY-ST-ZIP	GROVELAND FL 34736	<i>Clermont, FL 34711</i>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  *Jan/27/06* 407-894-5884
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #