


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 620 N WYMORE RD STE 240 MAITLAND, FL 32751	Mailing Address 620 N WYMORE RD STE 240 MAITLAND, FL 32751 US
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1501282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, RICHARD C JR
 12806 MAGNOLIA POINTE BLVD
 CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

U00000915518
 05/09/08-80018-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT THOMPSON, B.FORREST 2305 BUCKMINISTER CIRCLE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, AMY H 2305 BUCKMINISTER CIRCLE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, B. FOREST 2305 BUCKMINISTER CIRCLE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, RICHARD C JR 12806 MAGNOLIA POINTE BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HICKS, JANET L 12806 MAGNOLIA POINTE BLVD. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____