

**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**



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1501282</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**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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	CT
NAME	THOMPSON, B.FORREST
STREET ADDRESS	2305 BUCKMINSTER CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	D
NAME	THOMPSON, AMY H
STREET ADDRESS	2305 BUCKMINSTER CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	D
NAME	THOMPSON, B. FOREST
STREET ADDRESS	2305 BUCKMINSTER CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	P
NAME	HICKS, RICHARD C JR
STREET ADDRESS	12806 MAGNOLIA POINTE BLVD
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	AT
NAME	HICKS, JANET L
STREET ADDRESS	12806 MAGNOLIA POINTE BLVD.
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #