

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443837

FILED  
Sep 01, 2009  
Secretary of State

**Entity Name:** AMERICAN HERITAGE INSTITUTIONAL SERVICES, INC.  
C/O THOMPSON, B  
FORREST

**Current Principal Place of Business:**

620 N WYMORE RD  
STE 240  
MAITLAND, FL 32751

**New Principal Place of Business:**

5027 S US HWY 17-92  
CASSELBERRY, FL 32707

**Current Mailing Address:**

620 N WYMORE RD  
STE 240  
MAITLAND, FL 32751 US

**New Mailing Address:**

5027 S US HWY 17-92  
CASSELBERRY, FL 32707

**FEI Number:** 59-1501282      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CT ( ) Delete  
Name: THOMPSON, B.FORREST  
Address: 2305 BUCKMINISTER CIRCLE  
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Delete  
Name: THOMPSON, AMY H  
Address: 2305 BUCKMINISTER CIRCLE  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: THOMPSON, B. FOREST  
Address: 2305 BUCKMINISTER CIRCLE  
City-St-Zip: ORLANDO, FL 32803

Title: P ( ) Delete  
Name: HICKS, RICHARD C JR  
Address: 12806 MAGNOLIA POINTE BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: AT ( ) Delete  
Name: HICKS, JANET L  
Address: 12806 MAGNOLIA POINTE BLVD.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD HICKS

PRES

09/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date