


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 549249	
1. Entity Name HERITAGE MANAGEMENT CORP.	

Principal Place of Business 2605 SW 33RD ST BLDG #200 OCALA, FL 34474	Mailing Address P.O. BOX 2495 OCALA, FL 34478
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02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1771131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KIRKPATRICK, KENNETH B 2605 SW 33RD ST BLDG #200 OCALA, FL 34474
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**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, JOHN W 2605 SW 33RD ST GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAY, JAMES 3245 NE 44TH PLACE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKPATRICK, KENNETH B 307 S E 21ST TERR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FANTE, NORBERT J JR. 3337 SE 15TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000638340
02/27/07-80026-015 150.00

**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: 	Kenneth B. Kirkpatrick	2/13/07	352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #