2006 FOR PROFIT CORPORATION . . . ANNUAL REPORT (AR)

Mar 30, 2006 08:00 AM Secretary of State **DOCUMENT # 677756** 1. Entity Name HERITAGE WOODCRAFT, INC. Principal Place of Business Mailing Address % RICHARD L. ZEIGER 4917 GLOVER LN. % RICHARD L ZEIGER 4917 GLOVER LN. MILTON FL 32570 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CH2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-2009308 Not Applicat Zιρ Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZEIGER, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 5910 HÓGANS ALLEY MILTON FL 32570 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or presed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May € 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change me TS ☐ Detate TITLE NAME RALEY, LARRY M. NAME STREET ADDRESS STREET ADDRESS 861 MUNDY LN. U00000485968 CITY+ST-ZIP CITY-ST-7IP MILTON FL 04/13/06-80018-005 150.00 ☐ Change ☐ A< **** ☐ Delete TITLE TITS F NAME ZEIGER, RICHARD L. STREET ADDRESS STREET ADDRESS 5910 HOGANS ALLEY CITY-ST-ZIP CITY-ST-769 MILTON FL ☐ Change ■ Add® TITLE Gigled 🛄 TOTLE NAME RAYBURN, JAMES T STREET ADDRESS STREET ADDRESS 3410 LITTLE TACK LANE CITY-ST-ZIP CITY-SI-ZIP MILTON FL 32570 ☐ Change The Park State Control ☐ Delete me TATLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TIRLE ☐ Change AAAA 7/7₹ E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - 702 Change □ /**··· ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP City-St-779

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 supplied that 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 for 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 enpowered.

SIGNATURE

FILED