

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90203 027 ***150.00

DOCUMENT # F01000004247					
1. Entity Name THE HERITAGE GROUP VISION 21, INC.					
Principal Place of Business 135 OSPREY COVE LANE PONTE VEDRA, FL 32082			Mailing Address 757 JONES CREEK DRIVE EVANS, GA 30809		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3919 70th AV. E.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ELLENTON, FL		4. FEI Number 58-2376158	
Zip		Country		Zip 34222	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORBU, VICTOR 135 OSPREY COVE LANE PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name <u>DORBU, VICTOR</u> Street Address (P.O. Box Number is Not Acceptable) <u>3919 70th AV. E.</u> City <u>ELLENTON</u> <u>FL</u> Zip Code <u>34222</u>		
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: <u>[Signature]</u> <u>CEO/CHAIRMAN</u> <u>04/17/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC DORBU, VICTOR L 757 JONES CREEK DRIVE EVANS, GA 30809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORBU, SIDONESE P 757 JONES CREEK DRIVE EVANS, GA 30809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORBU, MITZI A 135 OSPREY COVE LANE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>[Signature]</u> <u>CEO/CHAIRMAN</u> <u>04/17/2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					