

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004015

FILED
Mar 15, 2005
Secretary of State

Entity Name: HERITAGE AGENCY CONSULTANTS, INC.

Current Principal Place of Business:

10950 GRANDVIEW
STE. 600
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

10950 GRANDVIEW
STE. 600
OVERLAND PARK, KS 66210

New Mailing Address:

FEI Number: 48-1082448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUBBA, GERALD
101 FEDERAL HIGHWAY, SUITE 101
TARPON SPRINGS, FL 33689 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOWRY, SHAWN
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: DST () Delete
Name: DEVLIN, DANE
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VP () Delete
Name: WHIPPLE, BRYAN
Address: 10950 GRANDVIEW, STE. 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: VP () Delete
Name: MERISKO, SUSAN
Address: 5755 MARK DABLING BLVD. STE. 190
City-St-Zip: OVERLAND PARK, KS 66210

Title: VP () Delete
Name: CRAVEN, JOSPEH
Address: 3343 PERIMETER HILL DRIVE, STE. 320
City-St-Zip: NASHVILLE, TN 37211

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 for the exemption stated in Section 119.07(3)(i), 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: SHAWN LOWRY

DP

03/15/2005

Electronic Signature of Signing Officer or Director

Date