


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # G28310 1. Entity Name AMERICAN HERITAGE SERVICE COMPANY	
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Principal Place of Business 1776 AMERICAN HERITAGE LIFE DR. ELEVEN EAST FORSYTH ST JACKSONVILLE, FL 32224-6688 US	Mailing Address 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE, FL 32224-6688 US
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07162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2276596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERE, GARY S  
1776 AMERICAN HERITAGE LIFE DR.  
JACKSONVILLE, FL 32224-6688

**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 releasing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000770761  
 07/27/07-90006-001 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BIRD, DAVID A 1776 AMERICAN HERITAGE LIFE DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUIDOS, GREGORY J 1776 AMERICAN HERITAGE LIFE DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STERE, GARY S 1776 AMERICAN HERITAGE LIFE DR. JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Bud Palac **Bud PALAC** 7/16/07 847-402-7742  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Authorized Representative*