

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # K27076

1. Entity Name
HERITAGE FINANCIAL ASSOCIATES, INC.



Principal Place of Business
692 LINVILLE FALLS DR
W MELBOURNE, FL 32904 US

Mailing Address
692 LINVILLE FALLS DR
W MELBOURNE, FL 32904 US



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2895505
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROTHERTON, CURT P.
692 LINVILLE FALLS DR
W MELBOURNE, FL 32904

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BROTHERTON, CURT P. 692 LINVILLE FALLS DR W MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BROTHERTON, CURTIS W 2633 VINING STREET WEST MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARR, PATTI ANNE 846 WILLOW ST HENDERSONVILLE, NC 28739 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BROTHERTON, BARBARA A 692 LINVILLE FALLS DR W MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000923299
05/18/08-80025-009 158.75

**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:

Curt P. Brotherton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 21, 2008 321-952-7732
Date Daytime Phone #

CURT P. BROTHERTON