

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K64068

1. Entity Name
HERITAGE CONSTRUCTION CO., INC.



Principal Place of Business
**5505 N ATLANTIC AVE
115
COCOA BEACH, FL 32931**

Mailing Address
**5505 N ATLANTIC AVE
115
COCOA BEACH, FL 32931**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2931524

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N ATLANTIC AVE #115
COCOA BEACH, FL 32931**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCPHILLIPS, MICHAEL
STREET ADDRESS	5505 N ATLANTIC AVE #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	DC
NAME	HARDING, NEAL
STREET ADDRESS	5505 NORTH ATLANTIC AVENUE #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VDST
NAME	KINCAID, JAMES
STREET ADDRESS	5505 NORTH ATLANTIC AVENUE #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000340507

04/30/05-80078-018 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Kincaid *James Kincaid*

4/28/05

321/784-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #