

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74983

Entity Name: HERITAGE FARMS INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

C/O THOMAS B. HOMRICH
6594 PARK LANE WEST
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS B. HOMRICH
6594 PARK LANE WEST
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0268459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOMRICH, THOMAS B.
6594 PARK LANE WEST
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

HOMRICH, THOMAS B.
6594 PARK LANE WEST
LAKE WORTH, FL 33467 US

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: _____

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOMRICH, THOMAS B.,
Address: 6594 PARK LANE WEST
City-St-Zip: LAKE WORTH, FL

Title: VD () Delete
Name: HOMRICH, SUZANNE
Address: 6594 PARK LANE WEST
City-St-Zip: LAKE WORTH, FL

Title: SD () Delete
Name: HOMRICH, SUZANNE
Address: 6594 PARKLANE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOMRICH, THOMAS B
Address: 6594 PARK LANE WEST
City-St-Zip: LAKE WORTH, FL 33467

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: THOMAS B. HOMRICH

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date