

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88216

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: HERITAGE INSURANCE, INC.

## Current Principal Place of Business:

388 HIGHWAY 40 WEST  
P.O. BOX 9  
INGLIS, FL 326497009

## New Principal Place of Business:

388 HIGHWAY 40 WEST  
INGLIS, FL 34449

## Current Mailing Address:

388 HIGHWAY 40 WEST  
P.O. BOX 9  
INGLIS, FL 326497009

## New Mailing Address:

PO BOX 9  
INGLIS, FL 34449

FEI Number: 59-2948793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLUMMER, AVA  
531 NE 151ST TERRACE  
WILLISTON, FL 32696 US

## Name and Address of New Registered Agent:

PLUMMER, AVA D MS  
531 NE 151ST TERRACE  
WILLISTON, FL 32696 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: AVA PLUMMER

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MS ( ) Delete  
Name: PLUMMER, AVA D PRESIDE  
Address: 7311 NE HWY 41  
City-St-Zip: WILLISTON, FL 32696 US

Title: MR. ( ) Delete  
Name: PLUMMER, MARK S V-PRES  
Address: HWY 20  
City-St-Zip: BRISTOL, FL 32321 US

Title: MRS. ( ) Delete  
Name: YARDLEY, PAULA P SEC  
Address: 1235 SAMAR RD  
City-St-Zip: COCOA BEACH, FL 32931 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: PLUMMER, AVA D MS  
Address: 531 NE151 TERRACE  
City-St-Zip: WILLISTON, FL 32696 US

Title: V-PR (X) Change ( ) Addition  
Name: PLUMMER, MARK S MR  
Address: 16059 NW LAKESIDE LANE  
City-St-Zip: BRISTOL, FL 32321 US

Title: SEC (X) Change ( ) Addition  
Name: YARDLEY, PAULA P MRS  
Address: 1235 SAMAR RD  
City-St-Zip: COCOA BEACH, FL 32931 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AVA PLUMMER

PRES

04/05/2006

Electronic Signature of Signing Officer or Director

Date