

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90203 027 ***150.00

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04222006 Chg-P CR2E034 (11/05)

DOCUMENT # L14911 1. Entity Name HERITAGE PANAMA, INC.					
Principal Place of Business 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308 US			Mailing Address 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308 US		
2. Principal Place of Business 446 Conradi St. H 107		3. Mailing Address P.O. 12579			
City & State Tallahassee, FL Zip Country 32304 USA		City & State Tallahassee, FL Zip Country 32317 USA		4. FEI Number 59-2992098	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOTTICE, H JAY 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name John P. Mothice Street Address (P.O. Box Number is Not Acceptable) 446 Conradi St., H107 City Tallahassee FL Zip 32304		
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 President, John P. Mothice 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MOTTICE, JOHN P 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS (same) 446 Conradi St., H107 Tallahassee, FL 32304	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: John P. Mothice, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/06 850-386-2117 <small>Date Daytime Phone #</small>		