

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 FEB 26 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

DOCUMENT # M00249 1. Entity Name HERITAGE BUILDERS OF WEST PALM BEACH, INC.					
Principal Place of Business 12798 FOREST HILLS BLVD SUITE 302 WELLINGTON FL 33414 US			Mailing Address 12798 FOREST HILLS BLVD SUITE 302 WELLINGTON FL 33414 US		
2. Principal Place of Business Suite, Apt. #, etc. 10A		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FCI Number 59-090857	
Zip		Zip		Country	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent MCNAMARA, JAMES J 12798 FOREST HILL BLVD., #302 WELLINGTON FL 33414				7. Name and Address of New Register Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	PT MCNAMARA, JAMES J 12798 FOREST HILL BLVD., #302 WELLINGTON FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000032371 02/04/04-80185-039 150.00	
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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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	
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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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, e-mail or other like empowered.					
SIGNATURE: <i>James J. McNamara</i>			2-23-04 561-718-0878		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		