

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009473

FILED
Mar 28, 2008
Secretary of State

Entity Name: HERITAGE TNT INC.

Current Principal Place of Business:

20530 NW 7TH STREET
PEMBROKE PINES, FL 330293469

New Principal Place of Business:

Current Mailing Address:

20530 NW 7TH STREET
PEMBROKE PINES, FL 330293469

New Mailing Address:

FEI Number: 33-1209321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY-PRESCOTT, ROSE
20530 NW 7TH STREET
PEMBROKE PINES, FL 330293469 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY-PRESCOTT, ROSE
Address: 20530 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 330293469

Title: VD () Delete
Name: GONSALVES, DENISIA
Address: 20530 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 330293469

Title: TD () Delete
Name: GONSALVES, ROBERT
Address: 20530 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 330293469

Title: SD () Delete
Name: SKINNER, HULDAH
Address: 17451 SW 33RD STREET
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: PRESCOTT, MERRILL E
Address: 20530 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 330293469

Title: D () Delete
Name: APPOO, CHERYL
Address: 20823 NW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERRILL E. PRESCOTT

D

03/28/2008

Electronic Signature of Signing Officer or Director

Date