


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90007 027 ***150.00


DOCUMENT # P00000073757	
1. Entity Name HERITAGE BOOKSTORE AND MORE, INC.	

Principal Place of Business 2219 FOWLER ST. FT. MYERS, FL 33901	Mailing Address P.O. BOX 1887 FT. MYERS, FL 33902
--	--

2. Principal Place of Business 1903 Cox St.	3. Mailing Address P.O. Box 4513
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Myers, FL	City & State Rancho Cucamonga, CA
Zip 33916	Zip 91729
Country	Country

24084975



06012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1031491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCPHERSON, MALETA W 2219 FOWLER ST. FT. MYERS, FL 33901	7. Name and Address of New Registered Agent Name Alex Riley Street Address (P.O. Box Number is Not Acceptable) 8192 College Pkwy #45 City Fort Myers FL Zip Code 33919
---	---

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 Alex Riley **DATE** Sept 8, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MCPHERSON, MALETA W	<input type="checkbox"/> Delete	
STREET ADDRESS P.O. BOX 1887			
CITY-ST-ZIP FT. MYERS, FL 33901			
TITLE VD	NAME WILLIAMS, VIRCEL L	<input type="checkbox"/> Delete	
STREET ADDRESS 3156 GUAVA ST.			
CITY-ST-ZIP FT. MYERS, FL 33916			
TITLE D.	NAME ALLEN, MELODY	<input type="checkbox"/> Delete	
STREET ADDRESS P.O. BOX 2206			
CITY-ST-ZIP FT. MYERS, FL 33902			
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Maleta Wilson **DATE** 8/17/04 **Daytime Phone #** (909) 484-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR