2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# P00000086427

Entity Name: HERITAGE PUBLISHING & DISTRIBUTING OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

170 INDEPENDENCE DR
ORCHARD PARK, NY 14127

New Principal Place of Business:

Current Mailing Address:

170 INDEPENDENCE DR
ORCHARD PARK, NY 14127

New Mailing Address:

FEI Number: 59-3682083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SWYERS, JOHN C
1643 MARINA LAKE DR
KISSIMMEE, FL 34744 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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SWYERS, PATRICIA A
Address: 170 INDEPENDENCE DR
City-St-Zip: ORCHARD PARK, NY 14127

Title: V ( ) Delete
Name: SWYERS, AARON J
Address: 170 INDEPENDENCE DR
City-St-Zip: ORCHARD PARK, NY 14127

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: SWYERS, PATRICIA A
Address: 170 INDEPENDENCE DR
City-St-Zip: ORCHARD PARK, NY 14127

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

Title: S ( ) Change (X) Addition
Name: REBEKAH, SWYERS M
Address: 170 INDEPENDENCE DRIVE
City-St-Zip: ORCHARD PARK, NY 14127

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA A. SWYERS PT 02/15/2005

Electronic Signature of Signing Officer or Director Date