

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086427

FILED
Apr 13, 2007
Secretary of State

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:

21 SEDONA COVE DRIVE
APOPKA, FL 327031630 US

Current Mailing Address:

170 INDEPENDENCE DR
ORCHARD PARK, NY 14127

New Mailing Address:

21 SEDONA COVE DRIVE
APOPKA, FL 327031630 US

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:

SWYERS, CLARENCE F
21 SEDONA COVE DRIVE
APOPKA, FL 32703 US

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: CLARENCE F. SWYERS

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PT () 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: S () Delete
Name: REBEKAH, SWYERS M
Address: 170 INDEPENDENCE DRIVE
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: 21 SEDONA COVE DRIVE
City-St-Zip: APOPKA, FL 327031630

Title: V (X) Change () Addition
Name: SWYERS, AARON J
Address: 21 SEDONA COVE DRIVE
City-St-Zip: APOPKA, FL 327031630

Title: S (X) Change () Addition
Name: SWYERS, REBEKAH M
Address: 21 SEDONA COVE DRIVE
City-St-Zip: APOPKA, FL 327031630

Title: VP () Change (X) Addition
Name: SWYERS, CLARENCE F
Address: 21 SEDONA COVE DRIVE
City-St-Zip: APOPKA, FL 327031630

I hereby certify that the information supplied with this filing does not qualify for the 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 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

PRES

04/13/2007

Electronic Signature of Signing Officer or Director

Date