2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P00000096360

Entity Name: HERITAGE CUSTOM PAINTING, INC.

Current Principal Place of Business:

585 PELICAN DR
SATELLITE BEACH, FL 32937

New Principal Place of Business:

585 PELICAN DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

585 PELICAN DR
SATELLITE BEACH, FL 32937

New Mailing Address:

585 PELICAN DRIVE
SATELLITE BEACH, FL 32937

FEI Number: 59-3675572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCUSON, BOB A
585 PELICAN DR
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

LOCUSON, BOB A
585 PELICAN DRIVE
SATELLITE BEACH, FL 32937 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: BOB A LOCUSON 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: LOCUSON, BOB A
Address: 585 PELICAN DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: 1VP ( ) Delete
Name: STEWART, ERIC
Address: 2284 WOOD ST
City-St-Zip: MELBOURNE, FL 32904

Title: 2VP ( ) Delete
Name: GIFFIS, JOE
Address: 1896 BARKLEY AVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: LOCUSON, BOB A
Address: 585 PELICAN DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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 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: BOB A LOCUSON D 04/30/2004
Electronic Signature of Signing Officer or Director Date