## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 8:00 am Secretary of State

ANNUAL KEPUK I					Secretary of State				
DOCUMENT # P0000096360  1. Enlity Name HERITAGE CUSTOM PAINTING, INC.					_	04-17-2008	•		
Principal Plac	e of Business	Mailing Address			-				
2284 WOOD	ST	2284 WOOD ST	2284 WOOD ST						
MELBOURNE		MELBOURNE, FL 329	04						
					1 (3000031 141			188 1111 <b>2 6</b> 1111 881	(88) () (88)
6 B ::-IB	Value of Day of	1 a 11.00							
Z. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						985 IAN 61A 61A	
Suite, Apt.	# etc	Suite, Apt. #, etc.							
Carto, Apr. #1 acc.		33.0,1,4.0,000		01232008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numbe	r		Ap	plied For
					59-367	5572		No	t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	
		Da-late-ad-t-ad-	<u> </u>		•			Fee Require	<del>1</del>
12 1	E. Name and Address of Current	r Kegistered Agent -		lame	7. Name and	Address of New	Registered /	Agent —	
STEWART, ERIC									
2284 WOOD ST			S	treet Address (f	P.O. Box Numbe	r is Not Acceptal	ole)		
MELBOURNE, FL 32904			<u> </u>						
		•							
			0	City			FL	Zip Code	•
8. The above	named entity submits this statement for	or the purpose of changing its	registered a	office or register	ed agent, or bot	h, in the State of	Florida. I am	lamiliar with,	and accept
	ions of registered agent.	, , , , ,	ū	J	•				
01011471105	·								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Age	ent signature required	when reinstating)		DATE	٠	44,1
			,						-1 A.
	E NOW!!! FEE IS \$150.00	9. Election Campa	•	· _ ••.	00 May Be		. •	• •	•
After Ma	ay 1, 2008 Fee will be \$550.	.00 Trust Fund Con	tribution.	LJ Adde	ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
TITLE	DPST Delete		TITLE			- "		☐ Change	Addition
NAME	LOCUSON, BOB A		NAME						
STREET ADDRESS	2284 WOOD ST		STREET AC	- 1					
CITY-ST-ZIP			CITY-ST-	ZIP				·	
TITLE	1VP	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET AODRESS	STEWART, ERIC 2284 WOOD ST		NAME STREET AD	nnecee					
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-	I .					
TITLE		☐ Delete	TITLE	<del></del>				☐ Change	☐ Addition
NAME		- Delicie	NAME					Cuante	M VOOITION
STREET ADDRESS	i ·		STREET AD	DORESS	·				·
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE	* '	☐ Delete	TITLE					Change	Addition
NAME			NAME						_
STREET ADDRESS			\$TREET AD	DDRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET AL	l l					
CITY-ST-ZiP			CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE				_	Change	Addition
NAME . Street address		21	NAME STREET AL	noress			•		
CITY-ST-ZIP	l	in the force	CITY-ST-		1 1				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employees 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-08

321-750-2196

Daytime Phone #