

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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1. Entity Name
HERITAGE PROPERTIES OF PENSACOLA, INC.



Principal Place of Business
4920 CHANEY ST
PENSACOLA, FL 32503

Mailing Address
4920 CHANEY ST
PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3757470

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, RICKY D
1649 SUNNY RIDGE LN
CANTONMENT, FL 32533

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ARMSTRONG, B.N.
1657 SUNNY RIDGE RD
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ARMSTRONG, LENNICE
1657 SUNNY RIDGE RD
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARMSTRONG, LANE D
1876 FELDON LANE
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARMSTRONG, RICKY D
1649 SUNNY RIDGE RD
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-03-06 850 432-2371

Date

Daytime Phone #