2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P01000116258** 04-30-2007 90438 041 ***150.00 HERITAGE PARK ASSOCIATES II, INC. Principal Place of Business Mailing Address 26212 MADRAS COURT C/O PHILIP J PALMER 40090534 CHARLOTTE HARBOR, FL 33983 25365 RAMPART BLVD PUNTA GORDA, FL 33983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 26212 MADRAS CT Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For UNTA GORDA 04-3610193 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33983 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE ☐ Delete TITLE ☐ Change ☐ Addition PALMER, PHILIP J NAME NAME STREET ADDRESS 26212 MADRAS COURT STREET ADDRESS CITY-ST-ZIP CHARLOTTE HARBOR, FL 33983 CITY-ST-ZIP DV TITLE ☐ Detete TITLE ☐ Change ■ Addition MORRIS, ROBERT A JR NAME STREET ADDRESS 1430 KENILWORTH STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

PHILIP J PALMER 4/24/07 941-764-4055

FILED