## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000000866

SARASOTA, FL 34239

City-St-Zip:

Entity Name: HERITAGE APPRAISAL GROUP, INC

FILED Apr 09, 2009 Secretary of State

|   |  | ZEMITIONE SILOSI, IIVO.        |  |  |
|---|--|--------------------------------|--|--|
| Current Principal Place of Business:        |  |                                | New Principal Place of Business:             |  |
|   | DS VERDES D<br>A, FL 34231   | R                              |  |  |
| Current Mailing Address:                    |  |                                | New Mailing Address:                         |  |
|   | OS VERDES D<br>A, FL 34231   | R                              |  |  |
| FEI Number:                                 | : 30-0001102   | FEI Number Applied For()       | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )      |
| Name and                                    | Address of C   | urrent Registered Agent:       | Name and Address o                           | f New Registered Agent:                |
| 5357 PALC<br>SARASOT<br>The above           | MARK R PREDS VERDES D<br>A, FL 34231<br>named entity set of Florida. | R<br>US                        | purpose of changing its registered           | d office or registered agent, or both, |
| SIGNATUR                                    | RE:  |                                |  |  |
|   | Electron   | ic Signature of Registered Ag  | ent  | Date                                   |
| Election Car                                | npaign Financing   | g Trust Fund Contribution ( ). |  |  |
| OFFICERS AND DIRECTORS:                     |  |                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD ( )<br>WILLETT, MAR<br>5357 PALOS VI<br>SARASOTA, FL              | ERDES DR                       | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:                 | TD ()<br>WILLETT, REM<br>3417 FAIRVIEV                               |                                | Title:<br>Name:<br>Address:                  | ( ) Change ( ) Addition                |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: REMLE C. WILLETT TREA 04/09/2009