

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000039259

1. Entity Name
HERITAGE FLIGHT PROMOTIONS, INC.



Principal Place of Business

**3951 MERLIN DRIVE
KISSIMMEE, FL 34741**

Mailing Address

**3951 MERLIN DRIVE
KISSIMMEE, FL 34741**



06082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3656445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEST, ANGELA
3951 MERLIN DRIVE
KISSIMMEE, FL 34741**

**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 *Angela C West, President*

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

(NOTE: Registered Agent signature required when reinstating)

6/8/04
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**PSD
WEST, ANGELA
3951 MERLIN DRIVE
KISSIMMEE, FL 34741**

000000162655
06/17/04-80001-020 558.75

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Angela West / Angela West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/04
Date

407-846-4400
Daytime Phone #